



CITY OF MANCHESTER

REPORT

ON THE

HEALTH OF THE
CITY OF MANCHESTER

FOR 1959

BY THE

MEDICAL OFFICER OF HEALTH

Health Department,
Town Hall,
Manchester.

Tel. CENTral 3377, Ext. 341



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BY [illegible]

NEW YORK: [illegible] 19[illegible]

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TABLE OF CONTENTS

Section 1—General Services Division:—

GENERAL STATISTICS AND METEOROLOGY	16
VITAL STATISTICS	20
REGISTRAR GENERAL'S ABSTRACT	36A
INFECTIOUS DISEASES AND EPIDEMIOLOGY	37
GENERAL MEDICAL SERVICES	58
MENTAL HEALTH SERVICE	61
HEALTH EDUCATION	71
AMBULANCE AND TRANSPORT SERVICE	74
RESIDENTIAL HOMES	77
MUNICIPAL HOSTELS	82

Section 2—Nursing Services Division:—

DOMICILIARY MIDWIFERY	85
INCIDENCE OF BLINDNESS	96
CARE OF MOTHERS AND YOUNG CHILDREN	97
DENTAL CARE	110
HEALTH VISITING	112
REGISTRATION OF NURSING HOMES	138
DAY NURSERIES	139
TUBERCULOSIS SERVICE	141
EPILEPSY AND CEREBRAL PALSY	153
HOME NURSING	153
DARBISHIRE HOUSE HEALTH CENTRE	159
CONVALESCENCE	160
HOME HELP SERVICE	160
FAMILY WELFARE SERVICE	163
VENEREAL DISEASES	164

Section 3—Sanitary Services Division:—

WATER SUPPLY	169
FOOD SUPPLY:—	
FOOD HYGIENE	177
FOOD AND DRUGS ADULTERATION	182
SMOKE PREVENTION	185
HOUSING CONDITIONS	195
OCCUPATIONAL CONDITIONS	205
GENERAL SANITARY CONDITIONS	207
PUBLIC CONVENIENCES	217

Section 4—Public Analyst:—

ADULTERATION OF MILK	226
FOOD AND DRUGS ADULTERATION	223
MEASUREMENT OF ATMOSPHERIC POLLUTION	238

Section 5—Veterinary Services:—

MEAT AND FOOD INSPECTION (FOOD AND DRUGS ACT, 1955)	245
NEW ABATTOIR (PROGRESS REPORT)	250
DISEASE TRANSMISSIBLE TO MAN	251
DISEASES OF ANIMALS ACT, 1950	251
PET ANIMALS ACT, 1951	255
ANCILLARY SERVICES	255

GENERAL INDEX	257
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MY LORD MAYOR, ALDERMEN AND MEMBERS OF THE CITY COUNCIL.

I have pleasure in presenting my report on the health of the City for the year 1959.

Statistics

Graphs, tables and other forms of statistics will be found under the headings to which they refer.

Population

The Registrar General estimates the civilian population for 1959 at 672,300, a decrease of 4,600 on 1958 and 30,782 on the census population for 1951.

Marriages

The number of marriages registered during the year was 5,935 compared with 6,022 the previous year. The marriage rate was 17.66 as against 17.79.

Births

Registered live births numbered 12,332 (6,380 males, 5,952 females), giving a rate of 18.34 per 1,000 population, compared with 18.22 in 1958, an increase of 0.12. The rate for England and Wales was 16.5, an increase of 0.1 on the previous year.

Of the 12,332 births, 11,186 (5,780 males, 5,406 females) were legitimate and 1,146 (600 males, 546 females) were illegitimate, the ratio of illegitimate to legitimate being 1 to 10. The percentage of illegitimate births continued to rise, being 9.29 against 8.46 in 1958, an increase of 0.83.

There were 306 stillbirths (158 males, 148 females), a ratio of 1 registered stillbirth to 40 registered live births. The rate of 24.21 per 1,000 total births was 1.23 lower than that for 1958 and, like the number, is the lowest recorded in the City. The rate for England and Wales was 20.7, a decrease of 0.9.

The percentage of total births in institutions was 59.35.

Deaths

The number of deaths allocated to the City during the year was 8,457 (4,357 males, 4,040 females), a ratio to the population of 1 in 80 or a death rate per 1,000 of the population of 12.49 as compared with 12.70 for 1958 and an average of 12.57 for the previous five years. The rate for England and Wales for 1959 was 11.6, a decrease of 0.1.

Deaths from all forms of tuberculosis numbered 87, 8 more than in 1958 when the lowest figures for the City were recorded. Respiratory tuberculosis accounted for 80 deaths and other forms of tuberculosis for 7 deaths compared with 69 and 10 respectively in 1958.

There were 1,531 deaths from all forms of cancer as against 1,480 for 1958, an increase of 51. Deaths from cancer of the lung and bronchus, however, increased by 97, numbering 455 (399 males, 56 females) as against 358 (303 males, 55 females) in 1958 and 393 (334 males, 59 females) in 1957.

Infant mortality

Deaths of infants under one year of age registered during 1959 numbered 25, 9 more than 1958, when the number of 316 was the lowest ever recorded. The rate per 1,000 live births for 1959 was 26·35, 0·73 higher than for 1958 but 3·75 lower than 1957. The rate for England and Wales was 22·0, which is the lowest rate recorded for the country.

The number of neo-natal deaths was 223, giving a rate of 18·08 per 1,000 live births. The neo-natal death rate is the lowest ever recorded in the City and the number of deaths is the second lowest. The figures for 1958 were 27 and 19·21. The rate for England and Wales for 1959 was 15·8, a decrease of 0·4.

Peri-natal deaths numbered 498, giving a rate of 39·40 per 1,000 total births (live and still) compared with 533 and 42·11 in 1958.

Maternal mortality

There were 3 deaths from puerperal and post-abortive sepsis during 1959 and 9 from other maternal causes, giving a rate for all maternal deaths of 0·95 per 1,000 total births. This compared with 8 deaths and a rate of 0·63 for both 1958 and 1957 and with a rate of 0·38 for England and Wales for 1959.

Epidemiology and immunization

Diphtheria

It is a pleasure to be able to report that yet another year has passed without diphtheria in the City. This disease has become so rare that many of the younger doctors have not seen any cases of diphtheria and the younger parents know nothing of the disease. This in itself is most satisfactory, yet the absence of the disease tends to give a false sense of security and nothing is more certain than that this dread disease would return if the level of immunity of the people are not maintained. The maintenance of this level depends on the extent of the acceptance of immunization, particularly among children and young people. Immunization of Manchester children is probably adequate but can only remain adequate by the immunization each year of most of the 12,000 babies born annually and giving a reinforcing or a "booster" injection at the appropriate time to those children who have received a primary course.

Whooping cough

A record number of children were immunized against whooping cough during 1959. The extraordinary fall in notifications in 1958 was unfortunately not maintained in 1959 but was nevertheless much less than half of the notifications in 1952 and little more than a quarter of those in 1950. There were no deaths from whooping cough in 1959. Vaccination prevents the onset of the disease in most cases and mitigates the effect of the attack in the others. Although deaths are few in number now, the complications and potential lifelong effects of this distressing infection make it essential that all babies and young children should be adequately immunized.

Acute rheumatism

Representations by the City Council resulted in the City being included as one of the 14 areas in the country to which the Acute Rheumatism Regulations apply and cases of acute rheumatism are now notifiable within the City. As a result children who are known to be suffering from or to have suffered from this disease are kept under systematic observation by the health visitors in order

that the necessary protective treatment should be maintained. It is hoped that in this way children will escape the disabling heart defects which result frequently from the acute infection—a true piece of preventive medicine.

Poliomyelitis

The incidence of poliomyelitis fell markedly in 1959 and there were no deaths. It is highly probable that further outbreaks will occur from time to time unless the people are well protected by immunization and that is very far from being the case. Approximately 125,000 persons received a complete primary course of immunization in 1958 and 1959—a formidable total. Even so, much too high a proportion of children and young adults eligible for vaccination remain unprotected and the failure to make use of this potent method of prevention can only be described as lamentable.

Sterilized Syringe Service

The arrangements for the dry sterilization of syringes and needles used for preventive work in the City which were referred to in the report for 1958 have been continued and extended. Every needle is inspected and re-sharpened if necessary and, together with every syringe, is sterilized by dry heat after use so that a freshly sterilized and processed needle and syringe is provided for each injection. It is not suggested that this standard is in any way extraordinary; the policy of the Manchester Health Department is that it is a simple necessary precaution and that anything less would be bad practice.

There has been widespread interest in the arrangements for sterilization in the City and the staff have been glad to welcome medical officers from many areas who have visited the Department to see these arrangements.

Excluding the cost of transport, which so far has been provided by vehicle from the existing Departmental fleet, and also excluding the notional cost of the part use of buildings and the part services of staff already provided for other purposes in the Department, the cost of sterilizing and processing each one of syringe and needle was found in a recent investigation to amount to 3s. This is expensive enough in terms of money but quite inexpensive in terms of safety.

Infant mortality

The rate was up a little as compared with 1958. The increase numerically is not significant—what is significant and most regrettable is that the infant mortality rate is not going down as progressively as it should and as it is doing in England and Wales and many other countries. The main causes of the too high rate in Manchester are bad housing and the inadequate provision of ante-natal and lying-in hospital beds. These factors have been referred to in previous annual reports in this context.

The need for more maternity beds for Manchester mothers has been obvious for many years. Plans are now under consideration by the hospital board but it would be optimistic to expect the provision of adequate accommodation within five years—seven or eight years would perhaps be more realistic and the more frustrating.

New combined clinics

Three combined clinics were opened to the public during the year at Northern Moor, Woodhouse Park and Hall Lane, Baguley. In each case the buildings consist of a maternity and child welfare centre, school clinic and

ental unit. In two instances the premises are of the two-storey type, the maternity and child welfare centre and dental unit on the ground floor and the school clinic on the first floor. In the third instance the building is of the single storey type, there being joint use of the rooms for school and maternity and child welfare purposes. There is a dental unit attached.

Work commenced during the year on two other premises, one comprising maternity and child welfare centre and dental unit and the other a maternity and child welfare centre only.

Night rota service for midwives

The night rota system allowing municipal midwives to have certain nights free from calls for their services, which was inaugurated in December, 1958, has proved a success and has caused enquiries about its operation from many local health authorities in various parts of the country.

The recruitment position in Manchester in so far as the employment of municipal midwives is concerned is more satisfactory at the present time than for many years past and it is considered that the night rota service has contributed in no small way to that position.

Home Help Service

The establishment of home helps was increased during the year by 50 part-time helps to a total of 200 part-time helps and 100 full-time. It is hoped that this addition will assist materially in meeting the ever-increasing needs of the aged and infirm and so help them to continue their home life in comfort and preference to their removal to institutions.

Housing

Bad housing conditions continue to present a problem as grave as it is urgent. Relative to the need, the provision of new houses is too slow. The need for extensive planned slum clearance is fully appreciated and it may well be that the present difficult obstacles to housing progress in the City will be overcome and rehousing markedly accelerated.

During the year the Corporation built 1,484 houses, flats and maisonettes and private builders 240, compared with 1,452 and 364 respectively, in 1958. Four clearance areas were represented, including 1,393 houses. 442 other individual houses were found to be unfit and structurally dangerous, necessitating rehousing of the families.

A progress statement on slum clearance is provided in the text as in previous years.

Clean air

The Health Committee continues to pursue the policy of progressively increasing the number and extent of smokeless zones and smoke control areas in the City. The speed of progress is increasing and will increase even more rapidly. There is in consequence a very real prospect of a much cleaner City in the not too distant future.

While smoke prevention necessarily is of high priority in the City's clean air policy, action to prevent virtually invisible pollution of the atmosphere from industrial sources remains equally essential. In particular this has entailed special attention to processes scheduled under the Alkali, etc., Works

(Regulation) Act under the supervision of the Ministry of Housing and Local Government. Conditions in the Miles Platting area have caused considerable concern and throughout the City surveillance by the Department has been intensified to secure improvement.

Food hygiene

A considerable reduction in the number of notified cases of food poisoning occurred and may have been associated with increased attention to observance of cleanliness in the handling and preparation of food.

Clearly, however, there is a continuing need for the inspectors of the Department to stress application of the fundamental principles of cleanliness by those engaged in the food trades.

Mental health

In anticipation of the implementation of the Mental Health Act, 1959, and to meet future requirements of the service, the field staff has been increased. The City has been divided into three districts and the title "duly authorized officer" has been superseded by that of "mental welfare officer."

The City Council reviewed the existing services and approved, in principle, the manner in which they should be developed, as required by Ministry of Health Circular 9/59.

It is a great pleasure to again have the opportunity of expressing my most grateful thanks to the Chairman and Members of the Health Committee for their support and co-operation and to the members of staff of the Department for their consistent and continued loyalty and painstaking work during the year.

I have the honour to be,

My Lord Mayor, Ladies and Gentlemen,

Your obedient servant,

CHARLES METCALFE BROWN,

Medical Officer of Health.

HEALTH COMMITTEE

1959-60

CHAIRMAN—Alderman R. E. Thomas, J.P.

DEPUTY CHAIRMAN—Alderman W. Onions, M.B.E., J.P., M.A.

THE LORD MAYOR—Alderman Harold Quinney, D.L., J.P.

Alderman Hannah Baldwin, J.P.

„ W. Chadwick, M.B., ch.B.

„ Eveline Hill, J.P., M.P.

„ Mary Knight

„ F. E. Tylecote, C.B.E., J.P.
M.D., D.P.H., F.R.C.P.

Councillor C. E. Bedgood

„ Nellie Beer, O.B.E., J.P.

„ J. Bowes

„ P. Buckley, M.B., B.Ch.,
B.A.O. (from 25-5-59)

„ K. Collis

„ B. Conlan

Councillor J. Conway.

„ F. J. Dunn

„ H. Jenkins

„ B. Lawson (to 11-5-59)

„ T. Lomas

„ H. Pigott, M.B., ch.B.

„ W. Sharp

„ Winifred Smith

„ J. Taylor, M.B., ch.B.

„ Lily Thomas

„ Mabel S. Whittaker,
C.B.E., J.P.

SUB-COMMITTEES

The following sub-committees are appointed to carry out certain of the duties referred to the Health Committee; these are particularized below. The sub-committees' proceedings are subject to approval by the Health Committee.

Sanitary

Sanitation and buildings; nuisances; offensive trades; common lodging houses; houses let-in-lodgings; factories, workplaces and shops; provisions regarding food and drugs; poisons and pharmacy; public conveniences; the granting of certificates of disrepair and reports to owners and tenants under the Rent Act, 1957; the Clean Air Act, 1956; the Rag Flock and Other Filling Materials Act, 1951; the Shops Act, 1950, and the Young Persons (Employment) Act, 1938; hairdressers registration; food hawkers and persons trading in food on open sites; and all questions relating to the management and administration of the Sanitary Services Division with the exception of those relating to the appointment of staff, salaries, wages and conditions of service of officers and servants.

Maternity and Child Welfare

Maternity and child welfare, including all the duties in the proposals of the City Council under the National Health Service Acts, relating to midwife health visiting, care of mothers and young children (excepting the part relating to the management of Knowle House), home nursing, prevention of illness, care and after-care and home helps; the cleansing of persons infested with vermin; the control and management of day nurseries; and the administration of the Nursing Services Division with the exception of questions relating to the appointment of staff, salaries, wages and conditions of service of officers and servants.

Health Centres

The planning, siting, erection and equipment of health centres, and the undertaking, as and when they are erected, the control and management of health centres in the City with the exception of questions relating to the appointment of staff, salaries, wages and conditions of service of officers and servants.

Mental Health

All matters arising out of the proposals of the City Council under the National Health Service Acts concerning mental health with the exception of questions relating to the appointment of staff, salaries, wages and conditions of service of officers and servants.

Ambulance and Transport

The control and management of ambulances and ambulance stations, passenger cars and other vehicles and garages, with the exception of questions relating to the appointment of staff, salaries, wages and conditions of service of officers and servants.

Residential Homes

The control and management of Dr. Garrett Memorial Home, Knowle House, Langho Colony, Ashton House and Walton House, with the exception of questions relating to the appointment of staff, salaries, wages and conditions of service of officers and servants, and the purchase of bulk supplies.

Meat Inspection

The inspection of meat and all other questions arising therefrom with the exception of questions relating to the appointment of staff, salaries, wages and conditions of service of officers and servants.

Staff

The appointment of staff, salaries, wages and conditions of service of officers and servants in the employ of the Health Committee.

HEALTH OFFICERS

(A) Medical

C. Metcalfe Brown, M.D., D.P.H., Barrister-at-Law	Medical Officer of Health and Principal School Medical Officer
A. M. M. Grierson, O.B.E., M.D., D.P.H., F.R.S.E.	Deputy Medical Officer of Health
B. J. Griffiths, B.Sc., M.R.C.S., L.R.C.P., D.P.H.	Senior Medical Officer—Administrative
Alice I. Burke, M.B., Ch.B., D.P.H., (to 14-3-59)	Senior Medical Officer—Nursing Service
C. A. Royde, M.D., D.P.H. (from 1-7-59)	Senior Medical Officer—Nursing Service
Anne D. Lepine, M.R.C.S., L.R.C.P., D.P.H.	Assistant Medical Officer— Administrative and Clinical
W. Robinson, M.C., M.D., M.R.C.P. ..	Consultant Chest Physician—part-time

(B) Other professional

J. Graham, M.B.E., F.A.P.H.I., F.R.S.H.	Chief Public Health Inspector
A. N. Leather, B.Sc., F.R.I.C.	Public Analyst
D. E. Orr, M.R.C.V.S.	Chief Veterinary Officer

(c) Lay

C. W. Wilkinson	Chief Administrative Assistant—General Services Division
N. J. Moulton, A.M.Inst.T.	Chief Administrative Assistant—Nursing Services Division

Number of staff employed in the Health Department in December, 1959

Type of staff	Numbers employed			
	Full-time	Part-time	Totals—full-time and part-time	Equivalent number of full-time
Administrative medical officers	5	—	5	5
Clinical medical officers	16	30	46	24
Analytical chemists and laboratory assistants	8	—	8	8
Veterinary officers	4	—	4	4
Nursing staffs :—				
Health visitors, tuberculosis visitors, clinic nurses, etc.	142	6	148	145
Home nursing	81	22	103	92
Midwifery	64	11	75	69
Day nurseries	299	—	299	299
Residential homes	98	—	98	98
Other	5	—	5	5
Physiotherapists	2	3	5	3
Teachers, children's wardens etc.	4	8	12	6
Social workers	14	—	14	14
Occupation centre supervisors and assistants	19	—	19	19
Handicraft instructors	7	—	7	7
Public health inspectors, trainee public health inspectors and technical assistants (smoke)	100	—	100	100
Sanitation inspectors	9	—	9	9
Administrative and clerical staff	164	5	169	167
Balance control room staff	14	—	14	14
Storekeepers and assistants	7	—	7	7
Supervisors—public conveniences	2	—	2	2
Operational staff, manual workers etc :—				
Ambulance and Transport service	172	1	173	172½
Home helps	97	187	284	190½
Domestic staff in residential homes	94	—	94	94
Domestic staff in day nurseries	57	36	93	75
Domestic staff in municipal hostels	63	6	69	67
Public conveniences service	90	3	93	91
Rodent operatives	20	—	20	20
Other	31	61	92	63
Totals	1688	379	2067	1870

NOTE :—10 district midwives of the St. Mary's Hospital extern service are employed on an agency basis and are not included above.



Section I

General Services Division

GENERAL STATISTICS

METEOROLOGY

VITAL STATISTICS

REGISTRAR GENERAL'S ABSTRACT

INFECTIOUS DISEASES

EPIDEMIOLOGY

FOOD POISONING

GENERAL MEDICAL SERVICES

MENTAL HEALTH

HEALTH EDUCATION

AMBULANCE SERVICE

HOSPITAL CAR SERVICE

MUNICIPAL CAR POOL

DISINFECTION SERVICE

RESIDENTIAL HOMES:

Langho Colony for sane epileptics

Dr. Garrett Memorial Home for convalescent children

MUNICIPAL HOSTELS:

Ashton House for women

Walton House for men

GENERAL STATISTICS

Registrar General's estimated population mid-year, 1959

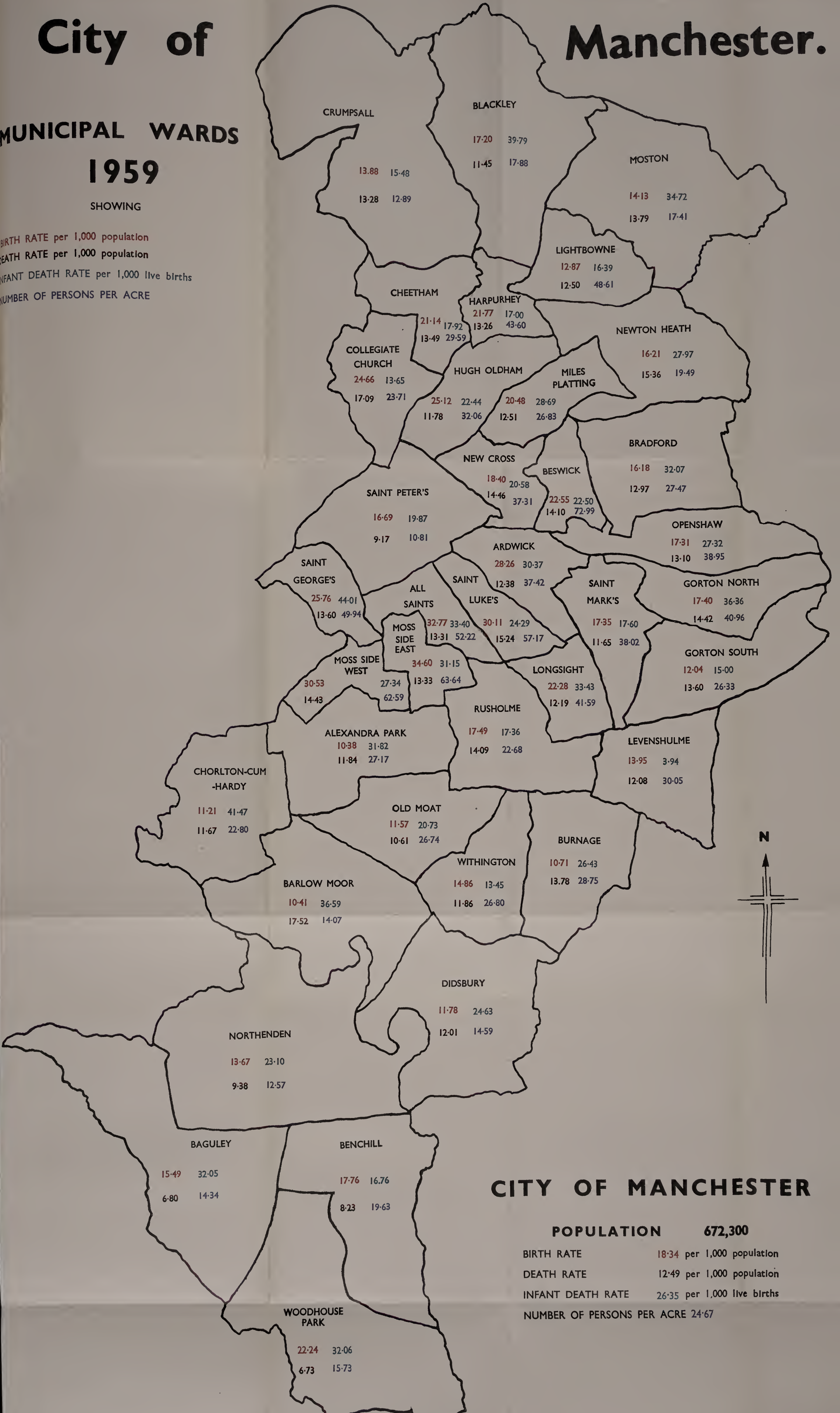
	Males	316,848	.. .. .	672,
	Females	355,452	.. .. .	703,
Census population, 1951	Males	331,355	.. .. .	8,
	Females	371,727	.. .. .	12
Deaths	Males	4,357	.. .. .	1
	Females	4,040	.. .. .	1-
Death rate per 1,000 of population	Males	13·75	.. .. .	18
	Females	11·37	.. .. .	0
Comparability factor .. .. .			.. .. .	17
Death rate as adjusted by factor .. .. .			.. .. .	9
	Males	Females	Totals	
Live births Legitimate ..	5,780	5,406	11,186	.. .. 12,
Illegitimate ..	600	546	1,146	.. .. 18
Live birth rate per 1,000 of population				0
Comparability factor				17
Birth rate as adjusted by factor				9
Illegitimate live births per cent. of total live births				
	Males	Females	Totals	
Stillbirths Legitimate ..	143	128	271	.. ..
Illegitimate ..	15	20	35	.. ..
Stillbirth rate per 1,000 total births (live and still)				.. .. 24
Total live and stillbirths .. .. .				.. .. 12,
Infant mortality:—				
Deaths of all infants under one year				
Rate per 1,000 total live births				20
Deaths of legitimate infants under one year				
Rate per 1,000 legitimate live births				20
Deaths of illegitimate infants under one year				
Rate per 1,000 illegitimate live births				2
Neo-natal mortality:—				
Deaths of infants under four weeks				
Rate per 1,000 total live births				10
Early neo-natal mortality:—				
Deaths of infants under one week				
Rate per 1,000 total live births				1

City of Manchester.

MUNICIPAL WARDS 1959

SHOWING

BIRTH RATE per 1,000 population
DEATH RATE per 1,000 population
INFANT DEATH RATE per 1,000 live births
NUMBER OF PERSONS PER ACRE



CITY OF MANCHESTER

POPULATION	672,300
BIRTH RATE	18.34 per 1,000 population
DEATH RATE	12.49 per 1,000 population
INFANT DEATH RATE	26.35 per 1,000 live births
NUMBER OF PERSONS PER ACRE	24.67

City of

MUNICIPAL WARDS

1929

Ward 1

Ward 2

Ward 3

Ward 4

Ward 5

Ward 6

Ward 7

Ward 8

Ward 9

Ward 10

Ward 11

Ward 12

Perinatal mortality:—

Stillbirths and deaths of infants under one week	.. .. .	498
Rate per 1,000 total births (live and still)	.. .. .	39.40

Maternal mortality :—

	Deaths	Rate per 1,000 total births	
Sepsis of pregnancy and abortion	3	0.24	.. .. . 0.95
Other maternal causes	.. .. 9	0.71	
Excess of births over deaths	.. .. .		3,935
Percentage of mortality occurring in institutions	.. .. .		47.42
Number of persons married per 1,000 of population	.. .. .		17.66
Area of the City in acres..	.. .. .		27,255
Number of persons per acre	.. .. .		24.67
Number of occupied structurally separate dwellings at Census 1951	..		201,027
Number of persons per occupied structurally separate dwelling at Census 1951	.. .. .		3.50
Number of houses according to Rate Book (1st April, 1959)	.. ..		211,256
Number of persons per house	.. .. .		3.18
Rateable value (1st April, 1959)	.. .. .		£11,092,784
Sum represented by a penny rate (estimated)	.. .. .		£43,000
Number of new houses erected during 1959 :—			
By local authority	.. .. .		1,502
By other bodies or persons	.. .. .		240
			— 1,742

Manchester is the regional capital of an area many times larger than itself, and its advantages as a distributing centre have been widely recognised by business interests. The population within 10 miles of the city centre is about 2,200,000. The business turnover is the greatest outside London—£688 M. a year, and the Chamber of Commerce is the biggest in Britain with over 5,300 members. Nearly half-a-million people enter the city centre every day to work.

Manchester has direct access to the sea, 34 miles away, by the Manchester Ship Canal which takes ships up to 15,000 tons deadweight. During 1959 over eighteen million tons of goods were handled at the Port.

The principal industries of the area are engineering, (light, heavy and electrical), chemicals, food processing, textiles, the garment trade, aircraft, oil refining, atomic power machinery and electronic computers.

Manchester's municipally owned airport with its transatlantic and transcontinental services is the second busiest airport in Britain. In 1959, 32,721 aircraft, 573,881 passengers and 12,222 short tons of freight were handled. The runway is 7,000 ft. long and an extension to 9,000 ft. is contemplated. New Terminal buildings, which will make the airport the most up-to-date in Europe, are expected to be completed in 1960.

Manchester is the second newspaper centre of Britain : it has the head office of one national and northern editions of 6 other national papers; 2 evening papers, 7 Sunday papers, 2 weekly papers; and 10 press agencies. There are B.B.C. radio and television studios, and 2 independent television studios.

Manchester has been called " The Cradle of the Public Library Movement " for the first lending and reference library under the Public Libraries Act of 1852 was established here in 1852. The Central Library opened by King George V in 1934, includes a comprehensive reference library, a central lending library, a commercial library, a technical library, a local history library, the Henry Watso Music and Arts library, a Jewish library, an American and Special Collection library and the Library Theatre. The John Rylands Library is one of the world's great scholars' libraries, and the Chetham Library was the first free public library in Europe.

Manchester has the largest University and College of Science and Technology in the north. Manchester Grammar School sends more boys to Oxford and Cambridge universities than any other school in Britain. The celebrated Jodrell Bank Radio Telescope, which tracked the Russian and American space vehicles, is owned and administered by Manchester University.

Art interests in the City and neighbourhood are catered for by large and varied collections of paintings, drawings, sculpture and exhibits of the decorative arts at the City Art Gallery and the Whitworth Gallery of Manchester University. The Whitworth Gallery has the largest and finest collection of water-colours in Britain. The City has two symphony orchestras, the Hall and the B.B.C. Northern, and there is also a fine variety orchestra, the B.B.C. Northern Dance Orchestra.

METEOROLOGY

Extracts from readings taken at Manchester Airport, Ringway.

	Wet bulb	Dry bulb	Mean maximum temperature	Mean minimum temperature	Mean temperature	Total rainfall (inches)	Total number of wet days	Total hours of sunshine	Number of days on which fog was noted at 09.00 G.M.T.
January	33.6	34.7	40.0	30.5	35.3	2.78	10	70.68	8
February	38.9	40.6	46.1	35.8	40.9	0.41	1	52.64	6
March	42.5	44.9	51.7	39.7	45.7	1.43	10	90.21	3
April	45.1	48.3	56.0	41.9	48.9	3.40	13	135.60	—
May	50.3	56.0	65.5	46.8	56.1	1.18	5	247.69	—
June	53.3	58.3	68.0	50.7	59.3	2.03	12	235.80	—
July	57.4	62.6	71.4	54.7	63.1	2.86	11	205.53	—
August	57.6	62.8	71.9	55.0	63.5	0.46	4	189.10	—
September	53.3	59.4	69.6	50.1	59.9	0.21	2	197.40	—
October	50.9	55.1	63.4	48.3	55.9	3.01	10	132.00	1
November	43.0	44.9	50.1	40.9	45.5	3.33	15	62.70	1
December	41.0	42.7	46.3	39.1	42.7	4.72	21	33.48	2

VITAL STATISTICS

Causes of death

Registrar-General's Return Manchester

CAUSES OF DEATH				AGES AT DEATH								7
	Male	Female	Total	0-	1-	5-	15-	25-	45-	65-		
Tuberculosis, respiratory	61	19	80	—	—	—	—	22	30	19		
other	3	4	7	—	—	—	—	2	2	2		
Syphilitic disease	11	7	18	—	—	—	—	1	8	5		
Diphtheria	—	—	—	—	—	—	—	—	—	—		
Whooping cough	—	—	—	—	—	—	—	—	—	—		
Meningococcal infections	1	—	1	—	—	—	1	—	—	—		
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—		
Measles	1	—	1	—	—	1	—	—	—	—		
Other infective and parasitic diseases	7	12	19	2	3	—	1	6	4	3		
Malignant neoplasm, stomach	103	102	205	—	—	—	—	6	61	77		
" " lung, bronchus	399	56	455	—	—	—	1	17	273	115		
" " breast	—	135	135	—	—	—	—	8	63	36		
" " uterus	—	64	64	—	—	—	—	9	27	15		
Other malignant and lymphatic neo- plasms	323	312	635	—	1	2	5	33	211	210	1	
Leukaemia, aleukaemia	18	19	37	—	1	2	3	6	12	10		
Diabetes	12	42	54	—	—	—	—	3	13	17		
Vascular lesions of central nervous system	477	683	1160	2	1	—	1	13	229	353	5	
Coronary disease, angina	711	426	1137	—	—	—	—	30	358	432	8	
Hypertension with heart disease ..	59	86	145	—	—	—	—	—	23	56		
Other heart disease	473	702	1175	—	—	—	3	38	177	250	7	
Other circulatory diseases	160	193	353	—	—	—	2	9	69	96	1	
Influenza	53	55	108	2	1	2	1	9	22	43		
Pneumonia	203	202	405	47	8	1	1	7	60	96		
Bronchitis	519	262	781	1	—	—	1	10	267	263		
Other diseases of respiratory system ..	42	30	72	3	3	—	—	2	24	17		
Ulcer of stomach and duodenum ..	44	24	68	—	—	—	—	5	17	25		
Gastritis, enteritis and diarrhoea ..	18	17	35	3	1	1	—	3	9	9		
Nephritis and nephrosis	36	20	56	1	—	—	1	11	18	16		
Hyperplasia of prostate	33	—	33	—	—	—	—	—	5	7		
Pregnancy, childbirth, abortion	—	12	12	—	—	—	1	11	—	—		
Congenital malformations	44	30	74	53	3	3	2	4	5	3		
Other defined and ill-defined diseases ..	314	405	719	188	4	3	10	28	114	114		
Motor vehicle accidents	83	25	108	—	5	8	14	21	22	13		
All other accidents	80	61	141	22	8	6	4	14	28	28		
Suicide	60	34	94	—	—	—	9	27	44	9		
Homicide and operations of war ..	9	1	10	1	—	—	—	2	4	3		
TOTALS ..	4357	4040	8397	325	39	20	61	366	2199	2342	3	

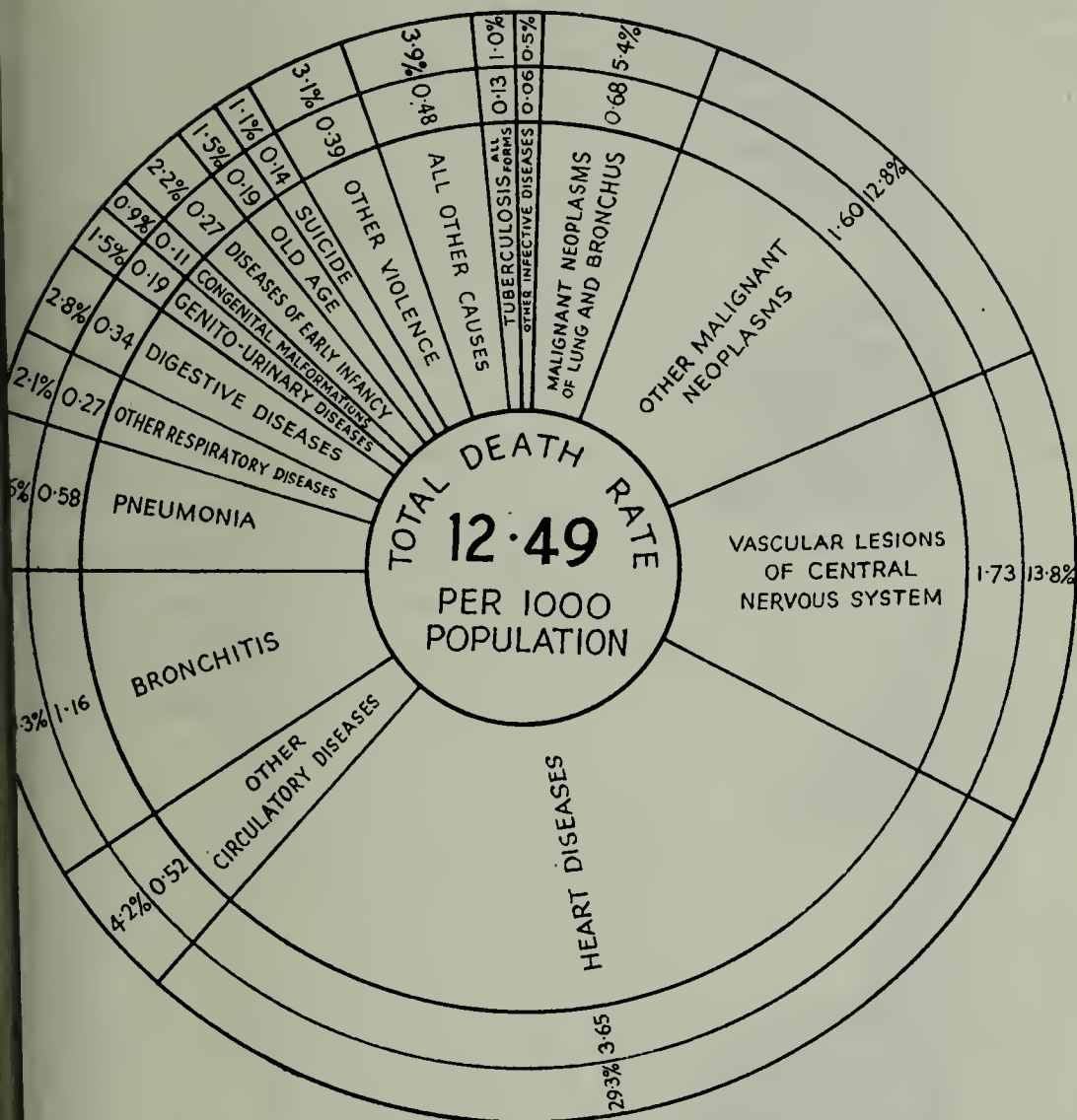
NOTE.—A table showing the mortality rates due to various causes, etc., from 19 onwards appears at page 36A.

DEATHS FROM PRINCIPAL CAUSES

RATE PER 1000 POPULATION

AND

PERCENTAGE TO TOTAL DEATHS

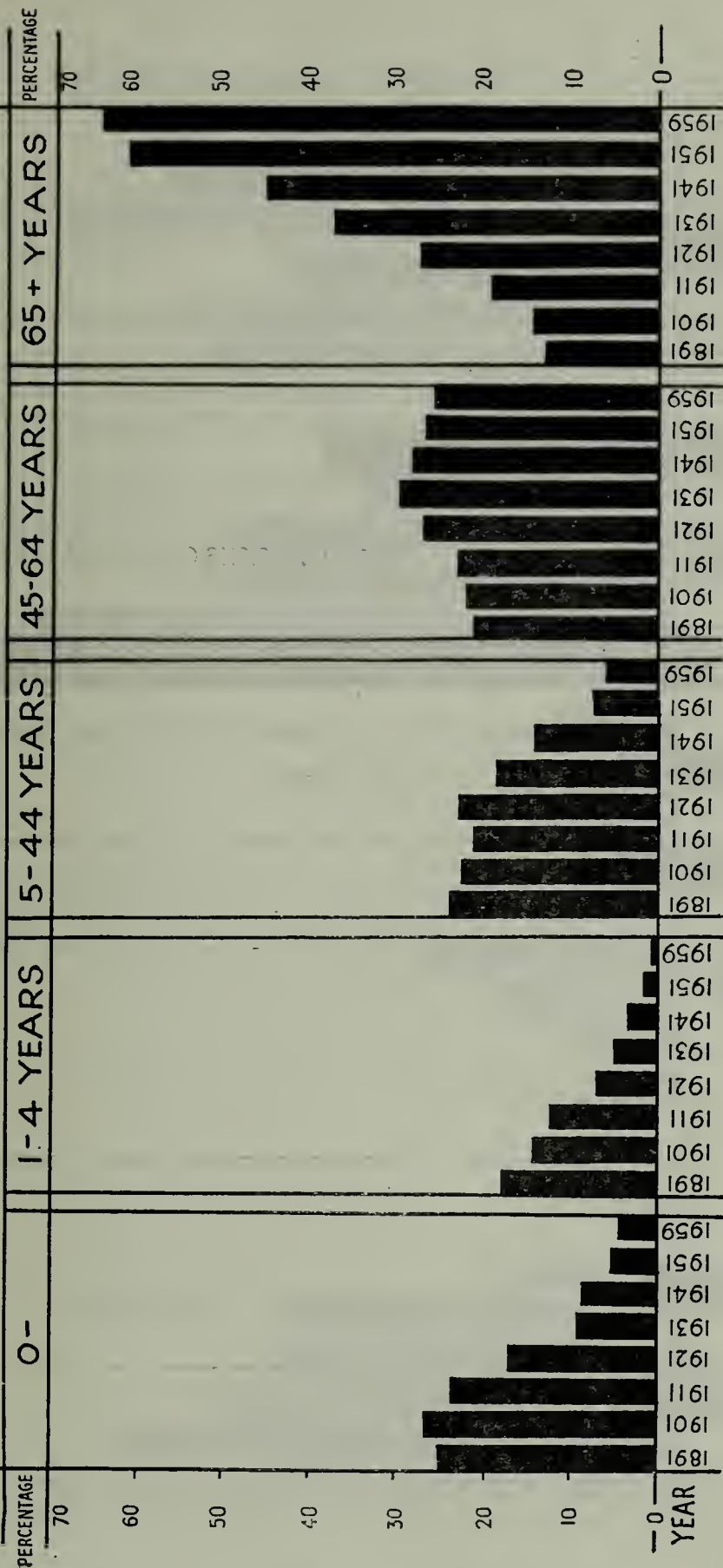


Deaths in age groups and percentages to total deaths

Year	Total number of deaths	Age groups and percentages									
		0—		1—4		5—44		45—64		65—	
		No.	%	No.	%	No.	%	No.	%	No.	%
1891 ..	13,202	3,299	24.99	2,225	16.85	3,178	24.07	2,756	20.88	1,744	13.2
1901 ..	11,801	3,114	26.39	1,676	14.20	2,725	23.09	2,627	22.26	1,659	14.0
1911 ..	12,272	2,901	23.64	1,516	12.35	2,711	22.09	2,790	22.74	2,354	19.0
1921 ..	10,093	1,707	16.91	728	7.21	2,313	22.92	2,687	26.62	2,658	26.0
1931 ..	10,618	1,027	9.67	503	4.74	1,943	18.30	3,144	29.61	4,001	37.0
1941 ..	10,016	832	8.31	265	2.65	1,467	14.65	2,886	28.81	4,566	45.0
1951 ..	9,676	439	4.54	64	0.66	748	7.73	2,568	26.54	5,857	60.0
1952 ..	8,576	424	4.94	75	0.87	637	7.43	2,410	28.10	5,030	58.0
1953 ..	8,638	373	4.32	58	0.67	602	6.97	2,349	27.19	5,256	60.0
1954 ..	8,525	349	4.09	56	0.66	585	6.86	2,293	26.90	5,242	61.0
1955 ..	8,777	332	3.78	51	0.58	539	6.14	2,280	25.98	5,575	63.0
1956 ..	8,475	358	4.22	41	0.48	480	5.67	2,250	26.55	5,346	63.0
1957 ..	8,456	374	4.42	43	0.51	533	6.30	2,183	25.82	5,323	62.0
1959 ..	8,600	316	3.68	36	0.42	437	5.08	2,287	26.59	5,524	64.0
1959 ..	8,397	325	3.87	39	0.46	456	5.43	2,199	26.19	5,378	64.0

PERCENTAGES OF DEATHS IN VARIOUS AGE GROUPS OF TOTAL DEATHS 1891 - 1959

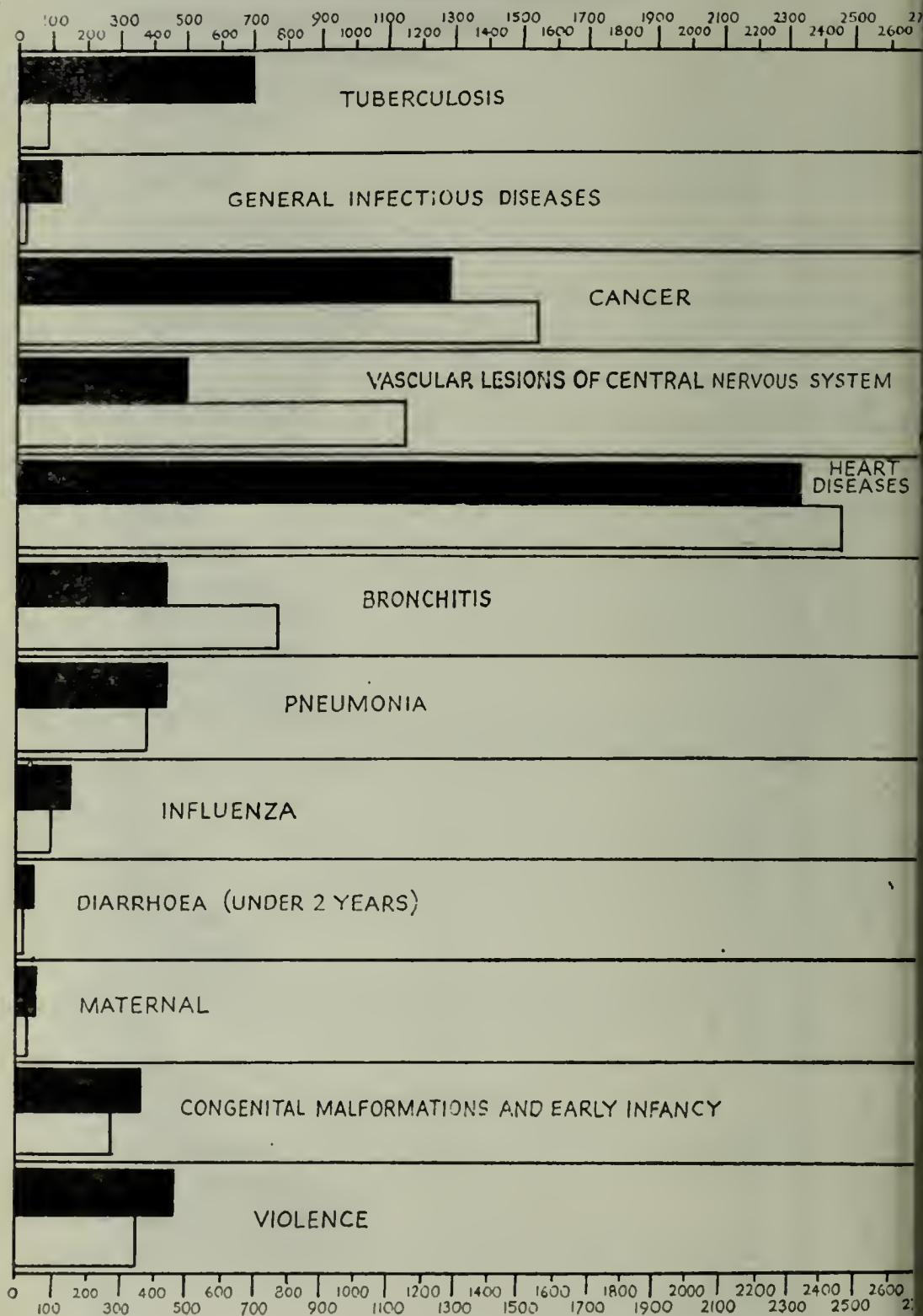
AGE GROUPS



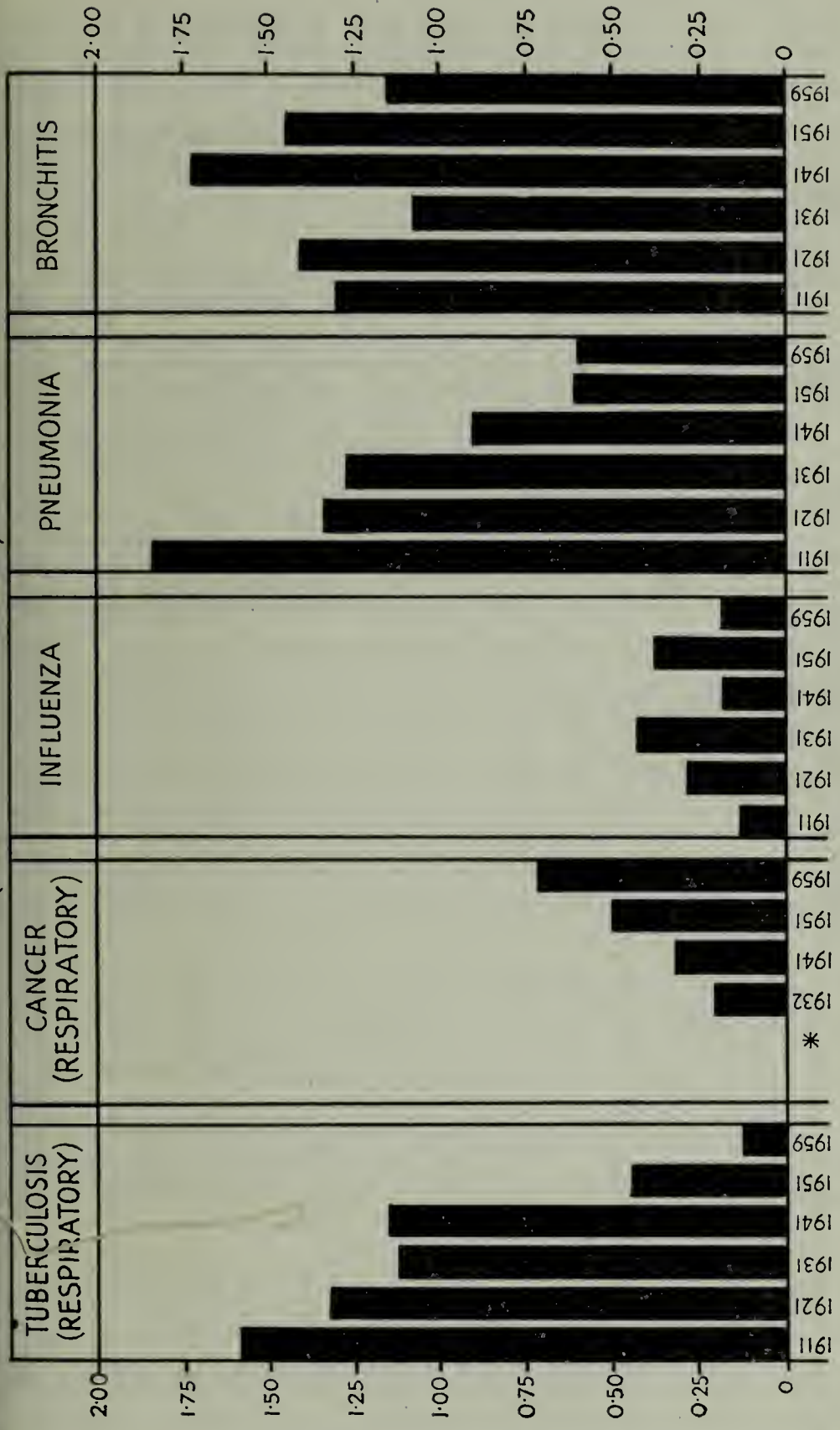
PRINCIPAL CAUSES OF DEATH

1939

1959



(PER 1000 POPULATION)



* NO FIGURES ARE AVAILABLE PRIOR TO 1932 FOR CANCER (RESPIRATORY)

Estimated populations, rates of marriages, births, and deaths (a) from all causes, (b) from specified causes, and (c) infant mortality; also the percentages to total deaths of inquest cases and deaths in public institutions; in quinquennial periods.

Year	Estimated population (Mean)	Marriage rate per 1,000 persons living	Rates per 1,000 persons living										Percentage to total deaths		Infant mortality	Year		
			Births	Deaths (all causes)	Smallpox	Measles	Scarlet fever	Diphtheria	Whooping cough	Typhus fever	Typhoid and paratyphoid fever	Simple continued fever	Diarrhoea 4 weeks to 2 years	Violence			Inquest cases	Deaths in public institutions
1871-1875	477,344	24.6	38.9	28.3	0.26	0.64	1.08	0.08	0.78	0.14	0.43	0.21	1.95	0.94	7.2	13.4	198	.. 1871-1875
1876-1880	509,802	18.6	38.7	26.2	0.24	0.53	1.07	0.13	0.84	0.08	0.29	0.11	1.26	0.89	7.5	14.3	172	.. 1876-1880
1881-1885	542,746	17.9	35.1	23.6	0.04	0.71	0.48	0.10	0.68	0.05	0.20	0.03	0.99	0.72	7.0	15.9	175	.. 1881-1885
1886-1890	575,630	16.6	33.4	24.6	0.02	0.83	0.50	0.32	0.54	0.02	0.30	0.01	1.08	0.78	6.9	17.7	183	.. 1886-1890
1891-1895	517,801	16.9	33.2	23.6	0.03	0.62	0.26	0.27	0.64	0.00	0.24	0.01	1.19	0.77	7.1	19.2	186	.. 1891-1895
1896-1900	539,599	18.2	32.5	22.7	..	0.89	0.20	0.13	0.53	0.00	0.18	0.01	1.69	0.73	7.1	20.2	192	.. 1896-1900
1901-1905	554,355	17.4	30.9	20.1	0.01	0.55	0.19	0.22	0.41	0.00	0.13	0.00	1.15	0.72	7.1	24.4	173	.. 1901-1905
1906-1910	660,049	17.0	28.1	17.7	..	0.54	0.16	0.17	0.37	0.00	0.10	0.00	0.76	0.68	7.4	27.3	147	.. 1906-1910
1911-1915	720,565	17.9	25.3	16.5	..	0.51	0.12	0.14	0.26	..	0.06	..	0.83	0.66	7.4	29.2	133	.. 1911-1915
1916-1920	B 746,909 D 699,325	18.4	19.9	15.7	..	0.28	0.04	0.08	0.24	..	0.02	0.00	0.33	0.55	6.3	29.7	105	.. 1916-1920
1921-1925	751,080	16.8	20.6	13.9	..	0.25	0.07	0.10	0.21	..	0.01	..	0.31	0.45	5.7	37.4	96	.. 1921-1925
1926-1930	752,840	16.6	17.5	13.9	..	0.18	0.02	0.11	0.14	..	0.01	..	0.29	0.50	4.8	42.8	88	.. 1926-1930
1931-1935	759,180	17.1	15.3	13.4	..	0.11	0.02	0.10	0.08	..	0.00	..	0.15	0.54	4.8	48.3	77	.. 1931-1935
1936-1940	712,660	21.4	15.2	14.3	..	0.07	0.00	0.09	0.04	..	0.00	..	0.10	0.70	4.9	52.0	71	.. 1936-1940
1941-1945	608,256	20.9	18.1	15.0	..	0.02	0.00	0.04	0.06	..	0.00	..	0.15	0.68	5.1	50.7	64	.. 1941-1945
1946-1950	690,264	20.2	20.1	13.1	..	0.01	..	0.00	0.04	..	0.00	..	0.16	0.40	3.6	45.3	48	.. 1946-1950
1951-1955	699,660	18.3	17.3	12.6	..	0.00	0.00	0.00	0.01	..	..	..	0.02	0.43	3.7	46.0	31	.. 1951-1955

Quinquennial average

The populations and rates prior to 1891 are those for the Unions of Manchester, Chorlton, and Prestwich, which have been taken as approximately representing "Manchester." The City was extended to include Moss Side and Withington in November, 1904, Gorton and Levenshulme in November, 1909, and Wythenshawe in April, 1951.
From 1911 population and rates based on Registrar-General's returns.

Quinquennial rates of mortality from certain causes of death.

YEAR	RATES PER 1,000 PERSONS LIVING								RATES PER 1,000 BIRTHS*	
	Malignant neoplasms	Tuberculosis of respiratory system	Other forms of tuberculosis	Diseases of nervous system	Diseases of heart and circulatory system	Diseases of respiratory system	Diseases of digestive system	Nephritis and nephrosis	Puerperal and post abortive sepsis	Other puerperal causes
81-1885	0.50	2.42	0.92	3.28	1.37	5.41	1.23	..	3.03	1.99
86-1890	0.64	2.24	0.95	3.09	1.73	5.76	1.23	..	3.22	2.13
91-1895	0.62	2.09	0.97	1.74	2.53	5.56	1.07	..	2.75	3.42
96-1900	0.73	2.04	0.82	1.32	2.54	5.03	1.04	..	1.55	1.51
01-1905	0.80	1.91	0.71	1.17	1.74	4.24	1.87	0.41	1.21	1.76
06-1910	0.88	1.66	0.59	0.95	1.72	3.77	1.42	0.44	1.28	1.49
11-1915	1.04	1.67	0.47	0.79	1.24	3.62	1.44	0.46	1.42	2.56
16-1920	1.21	1.61	0.41	0.54	1.21	3.41	0.84	0.41	1.70	2.14
21-1925	1.36	1.27	0.30	0.51	1.39	3.11	0.74	0.34	1.83	2.10
26-1930	1.50	1.19	0.21	0.48	1.81	2.65	0.75	0.36	2.14	2.63
31-1935	1.67	1.02	0.16	0.41	2.50	1.97	0.55	0.37	*1.59	*2.20
36-1940	1.81	0.93	0.14	0.38	3.10	2.07	0.53	0.37	1.11	2.40
41-1945	2.10	0.93	0.14	†1.62	3.10	2.39	0.65	0.37	0.71	1.30
46-1950	1.99	0.64	0.08	1.53	3.20	1.99	0.57	0.26	0.30	0.88
51-1955	2.20	0.31	0.03	1.77	4.20	1.95	0.42	0.11	0.18	0.67

Maternal mortality rates until 1930 were based on per 1,000 live births. From 1931 onwards these rates were calculated on per 1,000 live and stillbirths.

Diseases of nervous system includes cerebral hæmorrhage from 1941. From 1911 rates are based on Registrar General's returns.

Ward population, area, density, births and deaths, with birth, death, and infant mortality rates
(figures compiled in the Health Department)

WARDS	Estimated population	Area in acres	Persons per acre	Live births		Deaths		Natural rate of increase	Deaths under 1 year per 1,000 live births
				Total	Rate per 1,000 pop.	Total	Rate per 1,000 pop.		
CITY OF MANCHESTER ..	672300	27255	24.67	12332	18.34	8397	12.49	+ 5.85	26.35
Alexandra Park ..	21192	780	27.17	220	10.38	251	11.84	- 1.46	31.82
All Saints ..	16430	315	52.22	539	32.77	219	13.31	+ 19.46	33.40
Ardwick ..	16313	436	37.42	461	28.26	202	12.38	+ 15.88	30.37
Baguley ..	20144	1405	14.34	312	15.49	137	6.80	+ 8.69	32.05
Barlow Moor ..	15757	1120	14.07	164	10.41	276	17.52	- 7.11	36.59
Benchill ..	20161	1027	19.63	358	17.76	166	8.23	+ 9.53	16.76
Beswick ..	17736	243	72.99	400	22.55	250	14.10	+ 8.45	22.50
Blackley ..	21921	1226	17.88	377	17.20	251	11.45	+ 5.75	39.79
Bradford ..	21203	772	27.47	343	16.18	275	12.97	+ 3.21	32.07
Burnage ..	21187	737	28.75	227	10.71	292	13.78	- 3.07	26.43
Cheetham ..	13198	446	29.59	279	21.14	178	13.49	+ 7.65	17.92
Chorlton-cum-Hardy ..	19360	849	22.80	217	11.21	226	11.67	- 0.46	41.47
Collegiate Church ..	11880	501	23.71	293	24.66	203	17.09	+ 7.57	13.65
Crumpsall ..	23267	1805	12.89	323	13.88	309	13.28	+ 0.60	15.48
Didsbury ..	17233	1181	14.59	203	11.78	207	12.01	- 0.23	24.63
Gorton North ..	22121	540	40.96	385	17.40	319	14.42	+ 2.98	36.36
Gorton South ..	16617	631	26.33	200	12.04	226	13.60	- 1.56	15.00
Harpurhey ..	16218	372	43.60	353	21.77	215	13.26	+ 8.51	17.00
Hugh Oldham ..	15964	498	32.06	401	25.12	188	11.78	+ 13.34	22.44
Levenshulme ..	18208	606	30.05	254	13.95	220	12.08	+ 1.87	3.94
Lightbowne ..	18957	390	48.61	244	12.87	237	12.50	+ 0.37	16.39
Longsight ..	14766	355	41.59	329	22.28	180	12.19	+ 10.09	33.43
Miles Platting ..	11912	444	26.83	244	20.48	149	12.51	+ 7.97	28.69
Moss Side East ..	17628	277	63.64	610	34.60	235	13.33	+ 21.27	31.15
Moss Side West ..	16773	268	62.59	512	30.53	242	14.43	+ 16.10	27.34
Moston ..	20375	1170	17.41	288	14.13	281	13.79	+ 0.34	34.72
New Cross ..	13208	354	37.31	243	18.40	191	14.46	+ 3.94	20.58
Newton Heath ..	17643	905	19.49	286	16.21	271	15.36	+ 0.85	27.97
Northenden ..	22165	1763	12.57	303	13.67	208	9.38	+ 4.29	23.10
Old Moat ..	16685	624	26.74	193	11.57	177	10.61	+ 0.96	20.73
Openshaw ..	21149	543	38.95	366	17.31	277	13.10	+ 4.21	27.32
Rusholme ..	16466	726	22.68	288	17.49	232	14.09	+ 3.40	17.36
St. George's ..	15880	318	49.94	409	25.76	216	13.60	+ 12.16	44.01
St. Luke's ..	16408	287	57.17	494	30.11	250	15.24	+ 14.87	24.29
St. Mark's ..	19657	517	38.02	341	17.35	229	11.65	+ 5.70	17.60
St. Peter's ..	9048	837	10.81	151	16.69	83	9.17	+ 7.52	19.87
St. Peter's ..	15200	560	56.80	522	14.90	150	11.00	+ 2.00	13.45

(Registrar-General's abridged list)
(figures compiled in the Health Department)

CAUSE OF DEATH	Under 1 year				1 to 5 years					Total under 5 Years
	Under 4 weeks	4 weeks to 3 months	3-6 months	6-12 months	Total	1-2 years	2-3 years	3-4 years	4-5 years	Total
Tuberculosis, respiratory	—	—	—	—	—	—	—	—	—	—
" meninges and central nervous system	—	—	—	—	—	—	—	—	—	—
" intestine, peritoneum and mesenteric glands	—	—	—	—	—	—	—	—	—	—
" other	—	—	—	—	—	—	—	—	—	—
Syphilitic diseases	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Scarlet fever	—	—	—	—	—	—	—	—	—	—
Whooping cough	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—
Meningococcal infections	—	—	—	—	—	—	—	—	—	—
Acute infectious encephalitis	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—
Other food poisoning	—	—	—	—	—	—	—	—	—	—
Meningitis (not tubercular)	4	2	1	—	7	1	—	—	—	1
Other diseases of nervous system	—	3	3	—	6	3	—	—	—	3
Influenza	—	1	—	—	2	—	1	—	—	1
Pneumonia,	—	9	13	7	29	4	2	—	1	7
" lobar	—	—	—	—	—	1	—	—	—	1
" other	—	—	—	1	2	—	—	—	—	—
Bronchitis	2	—	—	1	3	1	—	—	—	2
Other respiratory diseases	—	—	—	1	3	—	—	—	—	—
Diarrhoea (4 weeks—2 years)	—	3	—	—	3	—	—	—	—	—
Other diseases of digestive system	2	—	—	—	5	—	—	—	—	—
Congenital malformations	31	9	11	2	53	1	1	—	1	3
Birth injury, with immaturity	14	—	—	—	14	—	—	—	—	—
" " without immaturity	19	—	—	—	19	—	—	—	—	—
" " with immaturity	28	—	—	—	28	—	—	—	—	—
Atelectasis, with immaturity	22	—	—	1	23	—	—	—	—	—
Pneumonia of newborn with immaturity	4	—	—	—	4	—	—	—	—	—
" " without immaturity	12	—	—	—	12	—	—	—	—	—
Diarrhoea of newborn with immaturity	—	—	—	—	—	—	—	—	—	—
" " without immaturity	—	—	—	—	—	—	—	—	—	—
Other infections of newborn with immaturity	—	—	—	—	—	—	—	—	—	—
" " " without immaturity	1	—	—	—	1	—	—	—	—	—
" " " without immaturity	1	—	—	—	1	—	—	—	—	—
Haemolytic disease of newborn with immaturity	2	1	—	—	3	—	—	—	—	—
" " " without immaturity	9	1	—	—	10	—	—	—	—	—
Other diseases of early infancy with immaturity	62	1	—	1	63	—	—	—	—	—
" " " without immaturity	—	—	—	—	—	—	—	—	—	—
Immaturity, unqualified	—	—	—	—	—	—	—	—	—	—
Suffocation (overlain)	5	6	9	1	21	4	2	5	2	13
Other violence	3	2	3	3	11	—	1	—	1	4
Other causes	223	34	45	23	325	18	9	7	5	39
All causes										

Infant mortality
Deaths from various causes per 1,000 live births
1955-59

Cause of death	Rate per 1,000 live births				
	1955	1956	1957	1958	1959
All causes	28.37	29.92	30.10	25.62	26.3
Whooping cough	0.17	..	0.08	..	..
Meningococcal infections	0.26	0.59	0.24	0.08	..
Acute poliomyelitis and polio-encephalitis ..	..	0.08	..	..	..
Acute infectious encephalitis .. .. .	..	..	..	0.08	..
Measles .. .. .	..	..	0.16	..	..
Diseases of the nervous system	0.17	0.42	0.40	0.32	1.0
Influenza .. .. .	..	0.08	0.08	..	0.1
Pneumonia (over 4 weeks of age)	3.59	3.59	4.26	2.83	2.5
Bronchitis	0.77	0.75	0.08	0.24	0.0
Other respiratory diseases	0.26	0.08	0.08	0.08	0.2
Diarrhoeal diseases	0.51	0.42	0.16	0.41	0.2
Other digestive diseases	0.94	0.59	0.56	0.32	0.4
Nephritis and nephrosis .. .. .	..	..	..	..	0.0
Congenital malformations	6.15	5.52	5.15	3.89	4.3
Birth injuries	2.65	2.42	3.54	3.24	2.6
Other diseases of early infancy	6.07	7.69	6.68	6.65	6.8
Immaturity, unqualified	5.30	5.85	6.92	6.49	5.1
Violence	0.68	1.00	1.13	0.81	1.7
All other causes	0.85	0.84	0.58	0.18	0.8

Deaths in wards for various diseases and death rates per 1,000 of the population
(figures compiled in the Health Department)

WARDS	ESTIMATED POPULATION	WHOOPING COUGH		DIPHTHERIA		MEASLES		TUBERCULOSIS ALL FORMS		SYPHILITIC DISEASES		DISEASES OF CIRCULATORY SYSTEM		*MALIGNANT NEOPLASMS		PNEUMONIA		BRONCHITIS		DIGESTIVE SYSTEM		GENITO URINARY SYSTEM		ALL CAUSES	
		Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
CITY OF MANCHESTER..	672300	—	—	—	—	1	0·00	87	0·13	18	0·03	2809	4·18	1532	2·28	389	0·58	781	1·16	231	0·34	128	0·19	8397	12·49
Alexandra Park	21192	—	—	—	—	—	—	1	0·05	—	—	109	5·14	36	1·70	7	0·33	16	0·76	9	0·42	5	0·24	251	11·84
All Saints	16450	—	—	—	—	—	—	5	0·30	1	0·06	64	3·89	28	1·70	19	1·16	27	1·64	7	0·43	—	—	219	13·31
Ardwick	16313	—	—	—	—	—	—	3	0·18	—	—	69	4·23	31	1·90	12	0·74	20	1·23	4	0·25	3	0·18	202	12·38
Baguley	20144	—	—	—	—	—	—	1	0·05	—	—	38	1·89	39	1·94	4	0·20	9	0·45	2	0·10	—	—	137	6·80
† Barlow Moor	15757	—	—	—	—	—	—	3	0·19	—	—	110	6·98	34	2·16	19	1·21	18	1·14	7	0·44	5	0·32	276	17·52
Benchill	20161	—	—	—	—	—	—	4	0·20	—	—	51	2·53	32	1·59	9	0·45	14	0·69	4	0·20	4	0·20	166	8·23
Beswick	17736	—	—	—	—	—	—	1	0·06	1	0·06	77	4·34	35	1·97	20	1·13	34	1·92	5	0·28	2	0·11	250	14·10
Blackley	21921	—	—	—	—	1	0·05	3	0·14	—	—	79	3·60	42	1·92	12	0·55	25	1·14	7	0·32	3	0·14	251	11·45
Bradford	21203	—	—	—	—	—	—	—	—	—	—	74	3·49	57	2·69	9	0·42	34	1·60	8	0·38	6	0·28	275	12·97
Burnage	21187	—	—	—	—	—	—	3	0·14	—	—	101	4·77	53	2·50	12	0·57	23	1·09	11	0·52	2	0·09	292	13·78
Cheetham	13198	—	—	—	—	—	—	—	—	—	—	53	4·02	44	3·33	6	0·45	12	0·91	3	0·23	3	0·23	178	13·49
Chorlton-cum-Hardy	19360	—	—	—	—	—	—	1	0·05	1	0·05	75	3·87	45	2·32	8	0·41	13	0·67	4	0·21	8	0·41	226	11·67
Collegiate Church	11880	—	—	—	—	—	—	6	0·51	1	0·08	59	4·97	31	2·61	7	0·59	19	1·60	8	0·67	3	0·25	203	17·09
† Crumpsall	23267	—	—	—	—	—	—	2	0·09	—	—	106	4·56	46	1·98	31	1·33	28	1·20	10	0·43	4	0·17	309	13·28
Didsbury	17233	—	—	—	—	—	—	1	0·06	—	—	78	4·53	43	2·50	5	0·29	11	0·64	7	0·41	5	0·29	207	12·01
Gorton North	22121	—	—	—	—	—	—	1	0·05	—	—	119	5·38	55	2·49	10	0·45	32	1·45	8	0·36	5	0·23	319	14·42
Gorton South	16617	—	—	—	—	—	—	3	0·18	1	0·06	83	4·99	54	3·25	7	0·42	19	1·14	6	0·36	3	0·18	226	13·60
Harpurhey	16218	—	—	—	—	—	—	2	0·12	1	0·06	79	4·87	31	1·91	9	0·55	25	1·54	5	0·31	2	0·12	215	13·26
Hugh Oldham	15964	—	—	—	—	—	—	6	0·38	—	—	46	2·88	43	2·69	12	0·75	24	1·50	5	0·31	3	0·19	188	11·78
Levenshulme	18208	—	—	—	—	—	—	1	0·05	—	—	68	3·73	45	2·47	8	0·44	28	1·54	10	0·55	1	0·05	220	12·08
Lightbowne	18957	—	—	—	—	—	—	1	0·05	—	—	90	4·75	40	2·11	9	0·47	28	1·48	6	0·32	2	0·11	237	12·50
Longsight	14766	—	—	—	—	—	—	3	0·20	—	—	61	4·13	38	2·57	5	0·34	12	0·81	3	0·20	5	0·34	180	12·19
Miles Platting	11912	—	—	—	—	—	—	2	0·17	1	0·08	54	4·53	30	2·52	4	0·34	17	1·43	3	0·25	3	0·25	149	12·51
Moss Side East	17628	—	—	—	—	—	—	3	0·17	1	0·06	77	4·37	44	2·50	10	0·57	20	1·13	10	0·57	1	0·06	235	13·33
Moss Side West	16773	—	—	—	—	—	—	4	0·24	—	—	76	4·53	41	2·44	10	0·60	25	1·49	8	0·48	5	0·30	242	14·43
Moston	20375	—	—	—	—	—	—	1	0·05	1	0·05	106	5·20	48	2·36	15	0·74	24	1·18	5	0·25	5	0·25	281	13·79
New Cross	13208	—	—	—	—	—	—	2	0·15	—	—	65	4·92	28	2·12	18	1·36	28	2·12	2	0·15	2	0·15	191	14·46
Newton Heath	17643	—	—	—	—	—	—	3	0·17	1	0·06	100	5·67	48	2·72	2	0·11	24	1·36	5	0·28	3	0·17	271	15·36
Northenden	22165	—	—	—	—	—	—	1	0·05	1	0·05	62	2·80	54	2·44	3	0·14	11	0·50	5	0·23	5	0·23	208	9·38
Old Moat	16685	—	—	—	—	—	—	1	0·06	1	0·06	66	3·96	34	2·04	10	0·60	10	0·60	5	0·30	4	0·24	177	10·61
Openshaw	21149	—	—	—	—	—	—	3	0·14	—	—	89	4·21	62	2·93	11	0·52	14	0·66	11	0·52	7	0·33	277	13·10
Rusholme	16466	—	—	—	—	—	—	1	0·06	2	0·12	75	4·55	46	2·79	9	0·55	23	1·40	3	0·18	2	0·12	232	14·09
St. George's	15880	—	—	—	—	—	—	3	0·19	1	0·06	63	3·97	30	1·89	18	1·13	28	1·76	4	0·25	4	0·25	216	13·60
St. Luke's	16408	—	—	—	—	—	—	3	0·18	—	—	82	5·00	41	2·50	8	0·49	31	1·89	10	0·61	8	0·49	250	15·24
St. Mark's	19657	—	—	—	—	—	—	2	0·10	1	0·05	78	3·97	43	2·19	11	0·56	23	1·17	7	0·36	2	0·10	229	11·65
St. Peter's	9048	—	—	—	—	—	—	3	0·33	1	0·11	18	1·99	14	1·55	8	0·88	9	0·99	5	0·55	1	0·11	83	9·17
Withington	15008	—	—	—	—	—	—	—	—	1	0·07	63	4·20	37	2·47	10	0·67	8	0·53	4	0·27	1	0·07	178	11·86
Woodhouse Park	22442	—	—	—	—	—	—	4	0·18	—	—	46	2·05	30	1·34	2	0·09	15	0·67	5	0·22	1	0·04	151	6·73

NOTE—* Includes neoplasms of lymphatic and haematopoietic tissues.

† Deaths in Barlow Moor and Crumpsall wards include the following numbers in non-transferable institutions — Barlow Moor 127
Crumpsall 107



RATE
PER
1,000
POP'N

BIRTH, MARRIAGE AND DEATH RATES 1871-1959

Per 1,000 of the population

BIRTH RATES —————

MARRIAGE RATES - - - - -

DEATH RATES —————

1871 — 1875
1876 — 1880
1881 — 1885
1886 — 1890
1891 — 1895
1896 — 1900
1901 — 1905
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RATE
PER
1,000
POP'N

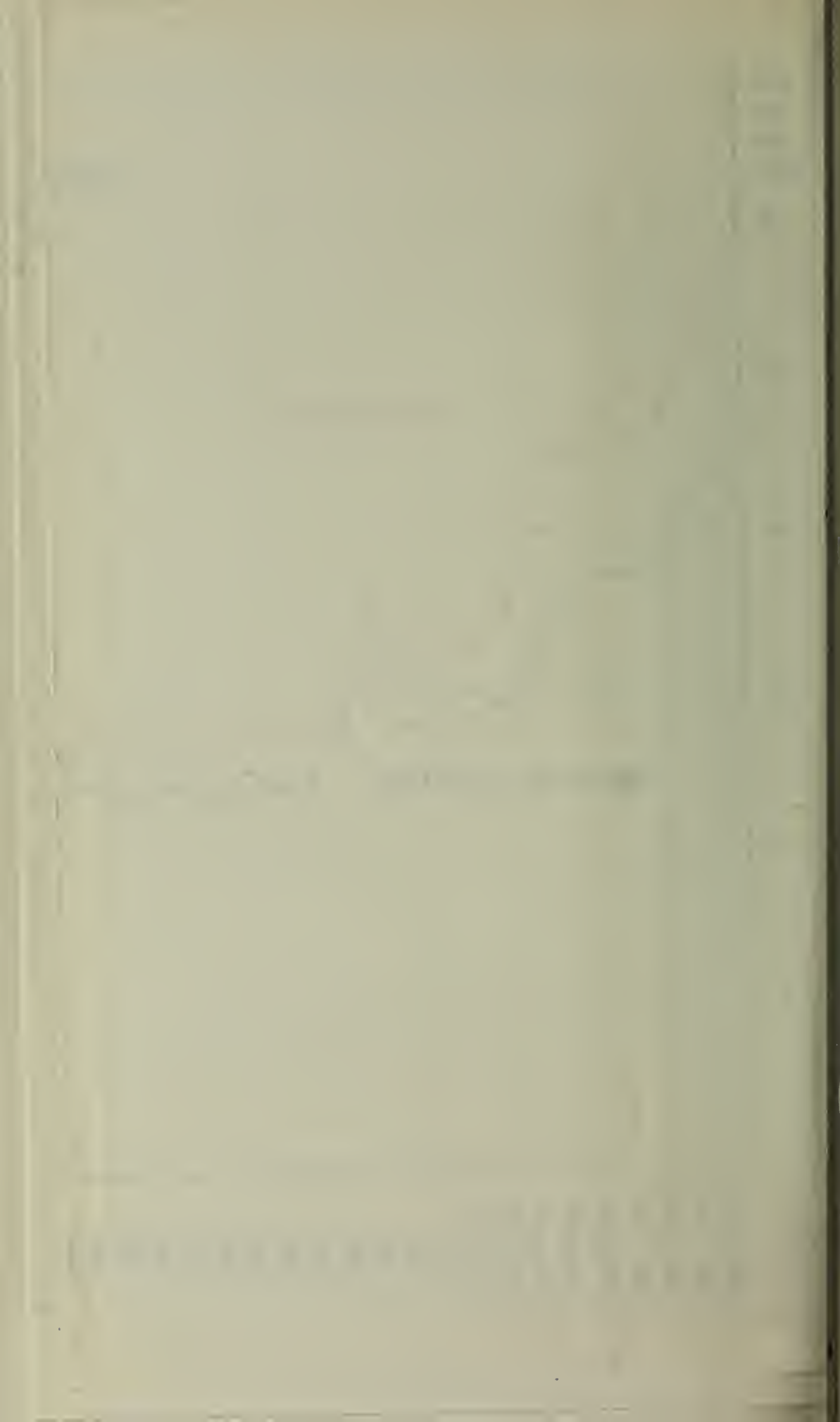
DEATH RATE 1871-1959

Per 1,000 of the population

MANCHESTER

ENGLAND and WALES

1871 — 1875
1876 — 1880
1881 — 1885
1886 — 1890
1891 — 1895
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RATE
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POP'N

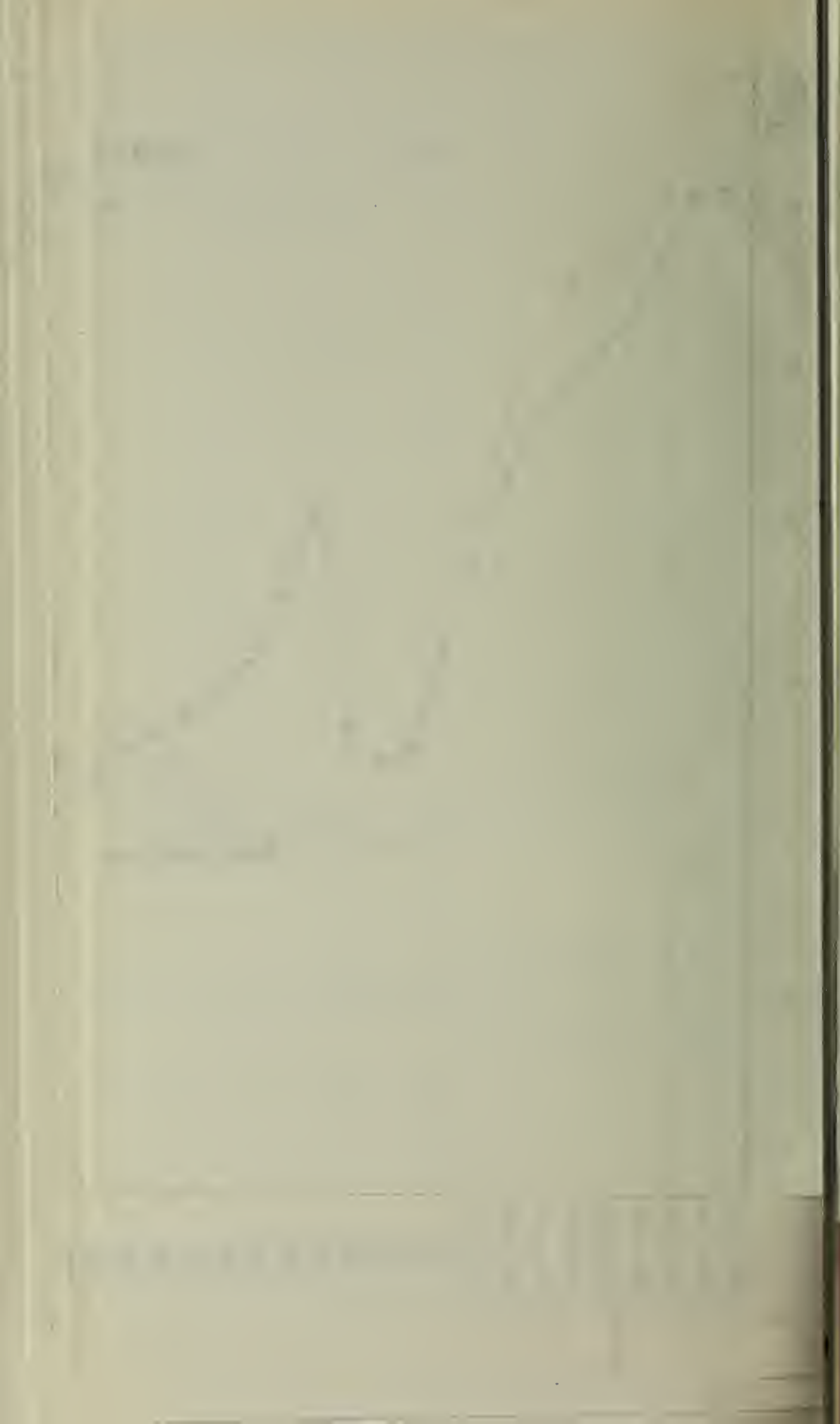
BIRTH RATE 1871-1959

Per 1,000 of the population

MANCHESTER

ENGLAND and WALES

1871 — 1875
1876 — 1880
1881 — 1885
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RATE
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1,000
LIVE
AND
STILL-
BIRTHS

MATERNAL MORTALITY 1931-1959

Mortality per 1,000 live and stillbirths

MANCHESTER

ENGLAND and WALES

5.0

4.0

3.0

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RATE
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INFANT MORTALITY 1871-1959

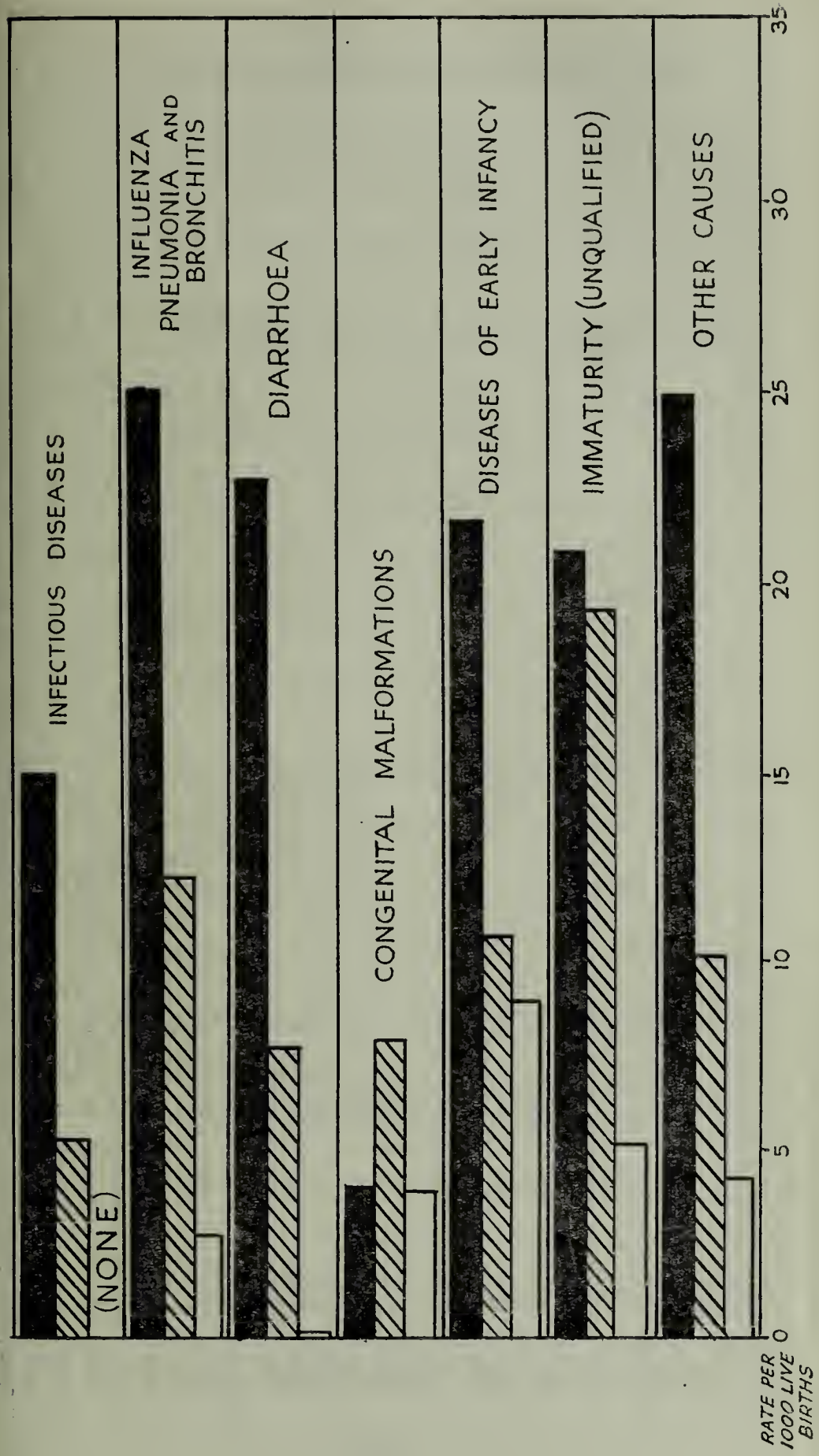
Per 1,000 live blrths

MANCHESTER

ENGLAND and WALES

1871 — 1875
1876 — 1880
1881 — 1885
1886 — 1890
1891 — 1895
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Deaths under one year of age from diarrhoea, congenital malformations, diseases of early infancy and other causes 1940-1959

Year	Diarrhoea		Congenital malformations		Injury at birth		Atelectasis		Others of early infancy		Immaturity unqualified		Other causes		Total deaths	Infant mortality rate per 1,000 live births
	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births	Deaths	Rate per 1,000 live births		
1940..	70	6.7	92	8.9	25	2.4	16	1.5	56	5.4	146	14.1	324	31.2	729	70.2
1941..	109	11.1	81	8.2	23	2.3	22	2.2	44	4.5	176	17.9	377	38.3	832	84.5
1942..	88	8.6	86	8.4	20	1.9	19	1.8	43	4.2	187	18.2	220	21.4	663	64.5
1943..	85	7.6	80	7.2	36	3.2	12	1.1	49	4.4	167	14.9	252	22.5	681	60.9
1944..	72	5.9	82	6.7	28	2.3	18	1.5	49	4.0	164	13.4	241	19.8	654	53.6
1945..	83	7.3	82	7.2	42	3.7	24	2.1	41	3.6	129	11.4	233	20.5	634	55.8
1946..	167	12.0	118	8.4	40	2.9	47	3.4	38	2.7	193	13.8	287	20.5	890	63.7
1947..	223	14.1	90	5.7	37	2.3	57	3.6	49	3.1	181	11.4	309	19.6	946	59.8
1948..	57	4.1	72	5.2	45	3.3	49	3.6	22	1.6	104	7.5	232	16.8	581	42.1
1949..	57	4.3	63	4.8	45	3.4	47	3.6	25	1.9	70	5.3	195	14.9	502	38.2
1950..	38	3.0	67	5.4	43	3.5	58	4.7	41	3.3	81	6.5	143	11.5	471	37.9
1951..	30	2.4	56	4.5	47	3.8	73	5.9	34	2.7	60	4.8	139	11.2	439	35.3
1952..	19	1.5	77	6.2	43	3.5	65	5.3	26	2.1	86	7.0	108	8.7	424	34.3
1953..	9	0.7	53	4.3	44	3.6	51	4.2	33	2.7	85	7.0	98	8.0	373	30.5
1954..	11	0.9	81	6.8	44	3.7	53	4.5	37	3.1	52	4.4	71	6.1	349	29.5
1955..	6	0.5	72	6.2	31	2.6	43	3.7	28	2.4	62	5.3	90	7.7	332	28.4
1956..	5	0.4	66	5.5	29	2.4	50	4.2	42	3.5	70	5.9	96	8.0	358	29.9
1957..	2	0.2	64	5.2	44	3.5	48	3.9	35	2.8	86	6.9	95	7.6	374	30.1
1958..	5	0.4	48	3.9	40	3.2	48	3.9	34	2.8	80	6.5	61	4.9	316	25.6
1959..	3	0.2	53	4.3	33	2.7	51	4.1	34	2.8	63	5.1	88	7.2	325	26.4

from Registrar-General's returns

Year	LIVE BIRTHS			DEATHS UNDER ONE YEAR OF AGE										
	Legitimate	Illegitimate	Total	Illegitimate percentage of total live births	Illegitimate percentage of total live births England & Wales	Number			Rate per 1,000 related live births					
						Legitimate	Illegitimate	Total	Legitimate	Illegitimate	Total			
1920	18,253	960	19,213	4.99	4.62	1,169	213	1,882	64.04	221.88	97.95	76.2	156.1	79.9
1921	16,647	902	17,549	5.14	4.52	1,542	171	1,713	92.63	189.58	97.61	79.2	158.3	82.8
1922	15,013	774	15,787	4.90	4.38	1,375	150	1,525	91.59	164.56	96.60	74.2	138.7	77.0
1923	14,677	711	15,388	4.62	4.16	1,243	117	1,360	84.69	164.56	88.35	66.6	131.8	69.4
1924	13,826	657	14,483	4.54	4.15	1,316	138	1,454	95.18	210.05	100.39	72.6	133.0	75.1
1925	13,493	669	14,162	4.72	4.07	1,251	113	1,364	92.72	168.91	96.31	72.5	135.6	75.0
1926	13,290	679	13,969	4.86	4.26	1,116	100	1,216	83.97	147.28	87.05	67.6	129.6	69.7
1927	12,388	648	13,036	4.97	4.35	1,032	90	1,122	83.31	138.89	86.07	67.4	119.8	65.1
1928	12,556	646	13,202	5.01	4.50	1,084	95	1,179	88.44	147.06	91.38	62.7	114.8	69.7
1929	12,380	678	13,058	5.19	4.55	1,144	128	1,272	92.41	188.79	97.41	71.9	125.9	74.4
1930	12,178	673	12,851	5.24	4.57	881	114	995	72.34	169.39	77.43	57.8	104.7	60.0
1931	11,694	643	12,337	5.21	4.44	956	93	1,049	81.75	144.64	85.03	64.3	110.7	66.3
1932	11,206	619	11,825	5.24	4.39	934	81	1,015	83.35	130.86	85.83	62.9	112.2	65.0
1933	10,382	574	11,156	5.15	4.37	769	65	834	72.67	113.24	74.76	61.7	107.5	63.7
1934	10,974	581	11,555	5.03	4.31	742	56	798	67.61	96.39	69.06	56.9	95.4	58.6
1935	10,842	537	11,379	4.72	4.19	757	52	809	69.82	96.83	71.09	55.5	89.5	56.9
1936	10,681	550	11,231	4.90	4.11	816	47	863	76.40	85.45	76.84	57.3	88.0	58.5
1937	10,268	518	10,786	4.80	4.15	770	53	823	74.99	102.32	76.30	56.3	88.1	57.6
1938	9,807	557	10,378	5.05	4.25	702	59	761	67.06	105.92	69.03	51.4	80.8	52.7
1939	9,873	515	10,388	4.96	4.26	587	47	634	59.85	82.31	61.09	48.6	89.8	50.4
1940	9,239	610	9,849	6.19	5.36	677	52	729	68.57	100.97	70.18	55.6	82.4	55.8
1941	9,680	596	10,276	5.80	5.60	767	65	832	83.02	106.56	84.47	58.8	82.3	58.8
1942	10,431	754	11,185	6.74	6.38	621	42	663	64.15	70.47	64.52	49.2	75.0	49.3
1943	11,239	965	12,204	7.91	7.34	625	56	681	51.34	79.79	53.59	43.7	68.5	44.5
1944	10,175	1,187	11,362	10.45	9.33	577	77	654	54.74	64.87	55.80	44.1	64.8	47.0
1945	12,874	1,095	13,969	7.84	6.57	798	92	890	61.99	84.02	63.71	41.6	60.1	40.9
1946	14,760	1,070	15,830	6.76	5.29	859	87	946	58.20	81.31	59.76	40.4	58.0	41.8
1947	12,886	908	13,794	6.58	5.41	524	57	581	40.66	62.77	42.12	33.3	45.3	34.5
1948	12,443	886	13,129	6.75	5.10	461	41	502	37.65	46.28	38.24	31.7	44.8	32.7
1949	11,523	913	12,436	7.34	5.06	433	38	471	35.03	41.62	37.87	29.1	39.4	29.8
1950	11,616	822	12,438	6.58	4.84	407	32	439	35.03	38.93	35.29	29.2	38.5	29.6
1951	11,549	818	12,367	6.61	4.80	398	26	424	34.46	31.78	34.28	27.2	34.9	27.6
1952	11,450	768	12,218	6.29	4.75	352	21	373	27.34	27.34	30.53	26.5	33.0	26.8
1953	10,967	876	11,843	7.40	4.70	322	27	349	29.36	30.82	29.47	25.1	32.1	25.4
1954	10,879	825	11,704	7.05	4.66	312	20	332	28.68	24.24	28.37	24.5	31.7	24.9
1955	11,052	915	11,967	7.65	4.80	327	31	358	29.59	33.88	29.92	23.4	28.5	23.7
1956	11,407	1,017	12,424	8.19	4.80	337	37	374	29.54	36.38	30.10	23.0	30.0	23.1
1957	11,291	1,044	12,335	8.46	4.88	284	32	316	25.15	30.65	25.62	22.5	27.78	22.6
1958	11,186	1,146	12,332	9.29	*	298	27	325	26.64	23.56	26.35	*	*	22.0

* Not available

Births in wards distinguishing legitimate and illegitimate births;
also the proportion of mortality among infants of both classes under one year of age
(figures compiled in the Health Department)

WARDS	LIVE BIRTHS				DEATHS UNDER 1 YEAR OF AGE				
	Total	Legitimate	Illegitimate	% Illegitimate to total live births	Total	Legitimate	Illegitimate	Rate per 1000 live births	Rate per 1000 live births illegitimate
								Rate per 1000 live births	
CITY OF MANCHESTER	12332	11186	1146	9.29	325	298	27	26.35	23.56
Alexandra Park	220	193	27	12.27	7	7	—	31.82	—
All Saints	539	449	90	16.70	18	17	1	33.40	11.11
Ardwick	461	408	53	11.50	14	12	2	30.37	37.74
Baguley	312	294	18	5.77	10	10	—	32.05	—
Barlow Moor	164	150	14	8.54	6	6	—	36.59	—
Benchill	358	336	22	6.15	6	6	—	16.76	—
Beswick	400	384	16	4.00	9	9	—	22.50	—
Blackley	377	361	16	4.24	15	15	—	39.79	—
Bradford	343	325	18	5.25	11	11	—	32.07	—
Burnage	227	220	7	3.08	6	5	1	26.43	—
Cheetham	279	245	34	12.19	5	5	—	17.92	142.86
Chorlton-cum-Hardy	217	206	11	5.07	9	7	2	41.47	—
Collegiate Church	293	252	41	13.99	4	2	2	13.65	181.82
Crumpsall	323	302	21	6.50	5	5	—	15.48	48.78
Didsbury	203	192	11	5.42	5	5	—	24.63	—
Gorton North	385	357	28	7.27	14	13	1	36.36	35.71
Gorton South	200	183	17	8.50	3	3	—	15.00	—
Harpurhey	353	333	20	5.67	6	6	—	17.00	—
Hugh Oldham	401	372	29	7.23	9	9	—	22.44	—
Levenshulme	254	238	16	6.30	1	1	—	3.94	—
Lightbowne	244	232	12	4.92	4	4	—	16.39	—
Longsight	329	294	35	10.64	11	11	—	33.43	—
Miles Platting	244	232	12	4.92	7	7	—	28.69	—
Moss Side East	610	484	126	20.66	19	13	6	31.15	47.62
Moss Side West	512	411	101	19.73	14	13	1	27.34	9.90
Moston	288	273	15	5.21	10	10	—	34.72	—
New Cross	243	220	23	9.47	5	5	—	20.58	—
Newton Heath	286	274	12	4.20	8	7	1	27.97	83.23
Northenden	303	291	12	3.96	7	7	—	23.10	—
Old Mead	193	180	13	6.74	4	4	—	20.73	—
Openshaw	366	344	22	6.01	10	9	1	27.32	45.45
Rusholme	288	262	26	9.03	5	5	—	17.36	—
St. George's	409	361	48	11.74	18	16	2	44.01	41.67
St. Luke's	494	413	81	16.40	12	11	1	24.29	12.35
St. Mark's	341	309	32	9.38	6	5	1	17.60	31.25

PER
CENT.
OF
TOTAL
LIVE
BIRTHS

ILLEGITIMATE BIRTHS

Percentage to total live births

MANCHESTER

ENGLAND and WALES

1914 1915 1916 1917 1918 1919 1920 1921 1922 1923 1924 1925 1926 1927 1928 1929 1930 1931 1932 1933 1934 1935 1936 1937 1938 1939 1940 1941 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959*

*England and Wales figure not available for 1959

Year	Total live and stillbirths	Stillbirths		Perinatal Deaths		Neo-natal Deaths		Deaths, 4 weeks—1 year		Deaths under 1 year and stillbirths		Infant death rate per 1,000 live births
		Number of stillbirths	Rate per 1,000 live and stillbirths	Number of perinatal deaths (stillbirths and deaths under 1 week)	Rate per 1,000 total live and stillbirths	Number of neo-natal deaths, 0-4 weeks	Rate per 1,000 total live births	Number of deaths, 4 weeks—1 year	Rate per 1,000 total live births	Number of deaths under 1 year and stillbirths	Rate per 1,000 total live and stillbirths	
1940	..	478	43.99	687	63.22	295	28.40	434	41.78	1,207	111.08	70.18
1941	..	400	39.03	611	59.62	292	29.65	540	54.82	1,232	120.21	84.47
1942	..	443	41.33	636	59.33	304	29.58	359	34.94	1,106	103.18	64.52
1943	..	406	35.02	612	52.80	306	27.36	375	33.52	1,087	93.77	60.38
1944	..	367	29.19	602	47.89	315	25.81	339	27.78	1,021	81.22	53.59
1945	..	372	31.70	592	50.45	311	27.37	323	28.43	1,006	85.73	55.80
1946	..	445	30.87	720	49.95	474	33.93	416	29.78	1,335	92.62	63.71
1947	..	427	26.27	694	42.69	466	29.44	480	30.32	1,380	84.89	59.76
1948	..	376	26.53	588	41.50	274	19.85	307	22.26	957	67.54	42.12
1949	..	331	24.59	528	39.23	242	18.43	260	19.80	833	61.88	38.24
1950	..	333	26.08	551	43.15	263	21.15	208	16.72	804	62.96	37.87
1951	..	319	25.01	521	40.84	251	20.18	188	15.11	758	59.42	35.29
1952	..	349	27.45	575	45.22	269	21.75	155	12.53	773	60.78	34.28
1953	..	355	28.24	583	46.37	255	20.87	118	9.66	728	57.90	30.53
1954	..	389	31.80	587	47.99	237	20.01	112	9.46	738	60.33	29.47
1955	..	318	26.45	496	41.26	215	18.37	117	10.00	650	54.07	28.37
1956	..	324	26.36	538	43.77	241	20.14	117	9.78	682	55.49	29.92
1957	..	331	25.95	555	43.51	261	21.01	113	9.09	705	55.27	30.10
1958	..	322	25.44	533	42.11	237	19.21	79	6.41	638	50.41	25.62
1959	..	306	24.21	498	39.40	223	18.08	102	8.27	631	49.93	26.35



Abstract of Registrar General's Health

YEAR	POPULATION	DEATH RATE			BIRTH RATE			INFANT DEATH RATE			ALL PUERPERAL CAUSES			PUERPERAL AND POST ABORTIVE SEPSIS		OTHER PUERPERAL CAUSES		ALL FORMS OF TUBERCULOSIS			PULMONARY TUBERCULOSIS			OTHER FORMS OF TUBERCULOSIS			TYPHOID AND PARATYPHOID FEVERS			SCARLET FEVER			DIPHTHERIA			MEASLES	
		Number of deaths	Per 1000 pop'n	England and Wales	Number of Births	Per 1000 pop'n	England and Wales	Number of deaths	Per 1000 births	England and Wales	Number of deaths	Rate per 1000 births	England and Wales	Number of deaths	Rate per 1000 births	Number of deaths	Rate per 1000 births	Notified	Deaths	Rate per 1000 pop'n	Notified	Deaths	Rate per 1000 pop'n	Notified	Deaths	Rate per 1000 pop'n	Notified	Deaths	Rate per 1000 pop'n	Notified	Deaths	Rate per 1000 pop'n	Notified	Deaths	Rate per 1000 pop'n	Notified	Deaths
1901	543872	11801	21.70	16.9	15691	28.85	28.5	3114	198	151	61	3.89	4.73	34	2.17	27	1.72	—	1571	2.89	1339	1144	2.10	—	427	0.79	359	75	0.140	2692	127	0.230	457	133	0.240	—	292
1911	716163	12281	17.15	14.6	18595	25.96	24.4	2908	156	130	72	3.87	3.87	28	1.50	44	2.37	—	1491	2.08	1837	1143	1.60	—	348	0.49	256	50	0.070	1939	44	0.060	472	89	0.120	—	337
1921	744000	10111	13.59	12.1	17549	23.59	22.4	1713	98	83	64	3.65	3.91	34	1.94	30	1.71	2174	1230	1.65	1644	981	1.32	530	249	0.33	90	12	0.016	5419	59	0.079	1045	90	0.121	1135	4
1931	772090	10645	13.79	12.3	12337	15.98	15.8	1049	85	66	40	†3.09	3.94	18	†1.39	22	†1.70	1710	994	1.29	1229	861	1.12	481	133	0.17	27	4	0.005	2973	11	0.014	735	60	0.078	7771	63
1932	763000	10076	13.21	12.0	11825	15.50	15.3	1015	86	64	47	3.79	4.04	20	1.61	27	2.18	1449	885	1.16	1061	766	1.00	388	119	0.16	47	3	0.004	2319	17	0.022	1069	81	0.106	12238	129
1933	758150	10345	13.65	12.3	11156	14.71	14.4	834	75	63	52	4.43	4.32	20	1.70	32	2.73	1357	891	1.18	1053	791	1.04	304	100	0.13	15	2	0.003	1804	14	0.018	1019	87	0.115	6350	48
1934	754600	9530	12.63	11.8	11555	15.31	14.8	798	69	59	48	3.97	4.21	16	1.32	32	2.65	1329	881	1.17	1026	761	1.01	303	120	0.16	16	2	0.003	2151	14	0.019	1276	83	0.110	11383	96
1935	748100	10120	13.53	11.7	11379	15.21	14.7	809	71	57	44	3.69	3.94	23	1.93	21	1.76	1251	808	1.08	957	714	0.95	294	94	0.13	25	4	0.005	2849	13	0.017	1302	60	0.080	9907	99
1936	744000	10207	13.72	12.1	11231	15.10	14.8	863	77	59	52	4.42	3.65	16	1.36	36	3.06	1226	776	1.04	937	671	0.90	289	105	0.14	19	2	0.003	2463	6	0.008	1649	91	0.122	8807	114
1937	736500	10216	13.87	12.4	10786	14.64	14.9	823	76	58	46	4.09	3.13	13	1.16	33	2.93	1359	789	1.07	1001	674	0.92	358	115	0.16	13	1	0.001	2656	7	0.009	1883	89	0.121	6550	44
1938	732900	9243	12.61	11.6	11025	15.04	15.1	761	69	53	46	3.98	2.97	17	1.47	29	2.51	1189	726	0.99	907	627	0.86	282	99	0.14	7	—	—	2487	8	0.011	1591	55	0.075	9949	60
1939	B 727600 D 702500	9405	13.39	12.1	10378	14.26	14.8	634	61	51	31	2.85	2.82	8	0.73	23	2.12	1114	701	1.00	849	601	0.86	265	100	0.14	30	1	0.001	1332	1	0.001	1031	36	0.051	574	—
1940	622300	11191	17.98	14.4	10388	16.69	14.1	729	70	57	24	2.21	2.16	9	0.83	15	1.38	1182	769	1.24	943	678	1.09	239	91	0.15	72	1	0.002	768	1	0.002	917	47	0.076	14844	28
1941	601840	10016	16.64	13.5	9849	16.36	13.9	832	84	60	26	2.53	2.80	10	0.97	16	1.56	1226	794	1.32	968	679	1.13	258	115	0.19	69	—	—	885	2	0.003	1009	46	0.076	3869	20
1942	601900	8861	14.72	12.3	10276	17.07	15.6	663	65	51	25	2.33	2.48	7	0.65	18	1.68	1128	672	1.12	894	592	0.99	234	80	0.13	11	2	0.003	1869	1	0.002	814	27	0.045	10468	17
1943	599300	9290	15.50	13.0	11185	18.66	16.2	681	61	49	27	2.33	2.30	12	1.04	15	1.29	1172	639	1.07	900	546	0.91	272	93	0.16	20	1	0.002	1992	1	0.002	791	30	0.050	4419	12
1944	614760	8731	14.20	12.7	12204	19.85	17.7	654	54	45	23	1.83	1.93	8	0.64	15	1.19	1051	559	0.91	840	491	0.80	211	68	0.11	4	—	—	1539	—	—	266	6	0.010	6736	9
1945	623480	8985	14.41	12.6	11362	18.22	15.9	634	56	46	12	1.02	1.80	3	0.25	9	0.77	1113	577	0.93	913	496	0.80	200	81	0.13	9	1	0.001	1140	—	—	302	14	0.022	5596	8
1946	668660	9038	13.52	12.0	13969	20.89	19.2	890	64	43	23	1.60	1.43	5	0.35	18	1.25	973	527	0.79	805	460	0.69	168	67	0.10	18	1	0.001	775	—	—	259	11	0.016	3800	3
1947	685560	9453	13.79	12.3	15830	23.09	20.5	946	60	41	25	1.54	1.47	9	0.55	16	0.99	920	514	0.75	786	450	0.66	134	64	0.09	4	—	—	939	—	—	80	3	0.001	9008	20
1948	693000	8501	12.27	11.0	13794	19.90	17.9	581	42	34	11	0.78	1.02	1	0.07	10	0.71	1004	526	0.76	863	477	0.69	141	49	0.07	4	1	0.001	1222	—	—	43	1	0.001	10650	17
1949	699600	9036	12.91	11.8	13129	18.77	16.7	502	38	32	16	1.19	0.97	6	0.45	10	0.74	1053	456	0.65	899	418	0.60	154	38	0.05	15	—	—	1594	—	—	22	—	—	6485	7
1950	704500	8999	12.77	11.6	12436	17.65	15.8	471	38	30	10	0.78	0.87	1	0.08	9	0.70	869	458	0.65	737	411	0.58	132	47	0.07	2	1	0.001	1447	—	—	22	3	0.004	9798	9
1951	699900	9676	13.82	12.5	12438	17.77	15.4	439	35	30	19	1.49	0.76	5	0.39	14	1.10	816	357	0.51	711	318	0.45	105	39	0.06	15	—	—	970	—	—	10	—	—	8953	1
1952	705400	8576	12.16	11.3	12367	17.53	15.3	424	34	28	9	0.71	0.67	2	0.16	7	0.55	813	293	0.41	717	269	0.38	96	24	0.03	19	—	—	1121	—	—	7	1	0.001	10035	6
1953	701800	8638	12.31	11.4	12218	17.41	15.4	373	31	27	10	0.80	0.71	—	—	10	0.80	835	216	0.31	742	198	0.28	93	18	0.03	2	—	—	968	—	—	7	1	0.001	6798	2
1954	699000	8525	12.20	11.3	11843	16.94	15.1	349	29	25	6	0.49	0.65	—	—	6	0.49	779	209	0.30	672	188	0.27	107	21	0.03	1	—	—	767	1	0.001	—	—	—	9844	3
1955	692200	8777	12.68	11.7	11704	16.91	15.0	332	28	25	9	0.75	0.59	4	0.33	5	0.42	739	144	0.21	662	130	0.19	77	14	0.02	2	—	—	795	1	0.001	1	—	—	6514	2
1956	686200	8475	12.35	11.7	11967	17.44	15.6	358	30	24	3	0.24	0.52	1	0.08	2	0.16	648	114	0.17	592	101	0.15	56	13	0.02	16	—	—	527	—	—	—	—	—	2223	—
1957	682000	8456	12.40	11.5	12424	18.22	16.1	374	30	23	8	0.63	0.45	3	0.24	5	0.39	651	109	0.16	597	97	0.14	54	12	0.02	8	—	—	479	—	—	—	—	—	11896	5
1958	676900	8600	12.70	11.7	12335	18.22	16.4	316	26	23	8	0.63	0.43	4	0.32	4	0.32	594	79	0.12	527	69	0.10	67	10	0.02	9	—	—	511	—	—	—	—	—	3107	3
1959	672300	8397	12.49	11.6	12332	18.34	16.5	325	26	22	12	0.95	0.38	3	0.24	9	0.71	515	87	0.13	476	80	0.12	39	7	0.01	14	—	—	640	—	—	—	—	—	7044	1

B Population for calculating birth-rates.
D Population for calculating death-rates.

† From 1931 rates for maternal mortality are based on live and still births.

From 1944 the number of notifications of infectious diseases refers to true cases only.

al's Health Reports, 1901 to 1959

Year	MEASLES			WHOOPIING COUGH			ACUTE POLIOMYELITIS			MENINGOCOCCAL INFECTIONS			PNEUMONIA— ALL FORMS †			INFLUENZA		BRONCHITIS		DIARRHOEA (under 2 years)		MALIGNANT NEOPLASMS		VASCULAR LESIONS OF CENTRAL NERVOUS SYSTEM		HEART DISEASE		OTHER DISEASES OF CIRCULATORY SYSTEM		NEPHRITIS AND NEPHROSIS		CONGENITAL MALFORMATIONS AND DEBILITY, ETC., INCLUDING PREMATURE BIRTH		VIOLENCE (Apart from suicide)		SUICIDE		YEAR
	Notified	Deaths	Rate per 1000 pop'n	Notified	Deaths	Rate per 1000 pop'n	Notified	Deaths	Rate per 1,000 pop'n	Notified	Deaths	Rate per 1,000 pop'n	Notified	Deaths	Rate per 1000 pop'n	Deaths	Rate per 1000 pop'n	Deaths	Rate per 1000 pop'n	Deaths	Rate per 1000 pop'n	Deaths	Rate per 1000 pop'n	Deaths	Rate per 1,000 pop'n	Deaths	Rate per 1000 pop'n	Deaths	Rate per 1,000 pop'n	Deaths	Rate per 1000 pop'n	Deaths	Rate per 1000 pop'n	Deaths	Rate per 1000 pop'n	Deaths	Rate per 1000 pop'n	
1901	—	292	0.54	—	224	0.41	—	—	—	—	—	—	—	1212	2.23	99	0.18	1072	1.97	921	1.69	425	0.78	427	0.72	957	1.76	46	0.08	228	0.42	860	1.58	381	0.70	45	0.08	1901
1910	—	337	0.47	—	141	0.20	—	—	—	—	—	—	—	1278	1.78	87	0.12	1074	1.30	1100	1.54	772	1.08	440	0.61	965	1.34	150	0.21	345	0.48	798	1.11	399	0.56	66	0.09	1911
1911	1135	4	0.01	4415	170	0.23	8	1	0.001	3	8	0.01	1796	995	1.34	204	0.27	1038	1.40	375	0.50	953	1.28	433	0.58	1002	1.35	236	0.32	258	0.35	581	0.78	282	0.38	63	0.08	1921
1918	7771	63	0.08	3150	90	0.12	6	—	—	45	30	0.04	2485	981	1.27	337	0.44	826	1.07	172	0.22	1259	1.63	453	0.59	1738	2.25	517	0.67	300	0.39	442	0.57	302	0.39	95	0.12	1931
1916	12238	129	0.17	2280	84	0.11	7	1	0.001	37	21	0.03	2368	882	1.16	184	0.24	556	0.73	125	0.16	1287	1.69	465	0.61	1761	2.31	496	0.65	292	0.38	439	0.58	328	0.43	116	0.15	1932
1915	6350	48	0.06	2230	49	0.06	12	5	0.007	53	22	0.03	2527	824	1.09	532	0.70	579	0.76	102	0.13	1194	1.57	419	0.55	2090	2.76	502	0.66	269	0.35	409	0.54	335	0.44	100	0.13	1933
1910	11383	96	0.13	1565	37	0.05	17	1	0.001	45	22	0.03	1674	687	0.91	92	0.12	422	0.56	113	0.15	1273	1.69	488	0.65	1905	2.52	471	0.62	282	0.37	417	0.55	303	0.40	96	0.13	1934
1910	9907	99	0.13	1632	50	0.07	8	1	0.001	59	28	0.04	2480	765	1.02	222	0.30	485	0.65	74	0.10	1338	1.79	530	0.71	1979	2.65	373	0.50	258	0.34	444	0.59	286	0.38	99	0.13	1935
1912	8807	114	0.15	1457	52	0.07	32	1	0.001	72	38	0.05	2213	781	1.05	125	0.17	534	0.72	57	0.08	1256	1.69	472	0.63	2224	2.99	466	0.63	270	0.36	444	0.60	318	0.43	93	0.13	1936
1911	6550	44	0.06	1403	54	0.07	2	3	0.004	61	21	0.03	2427	742	1.01	308	0.42	475	0.64	64	0.09	1284	1.74	416	0.56	2315	3.14	440	0.60	261	0.35	419	0.57	307	0.42	70	0.10	1937
1915	9949	60	0.08	1075	13	0.02	13	—	—	64	19	0.03	1646	589	0.80	84	0.11	347	0.47	75	0.10	1316	1.80	511	0.70	2083	2.84	436	0.59	230	0.31	386	0.53	295	0.40	88	0.12	1938
1911	574	—	—	1406	30	0.04	26	2	0.003	49	7	0.01	1324	411	0.59	160	0.23	427	0.61	62	0.09	1265	1.80	492	0.70	2311	3.29	470	0.67	258	0.37	357	0.51	376	0.54	91	0.13	1939
1916	14844	28	0.04	670	7	0.01	8	2	0.003	223	51	0.08	1785	551	0.89	198	0.32	1733	2.78	75	0.12	1242	2.00	825	1.33	2023	3.25	286	0.46	274	0.44	350	0.56	692	1.11	71	0.11	1940
1916	3869	20	0.03	4715	65	0.11	33	3	0.005	286	38	0.06	1809	548	0.91	105	0.17	1034	1.72	113	0.19	1259	2.09	780	1.30	1883	3.13	214	0.36	235	0.39	372	0.62	660	1.10	57	0.09	1941
1915	10468	17	0.03	1103	16	0.03	8	1	0.002	200	20	0.03	1402	364	0.60	51	0.09	823	1.37	93	0.15	1256	2.09	790	1.31	1938	3.22	238	0.40	233	0.39	379	0.63	297	0.49	50	0.08	1942
1910	4419	12	0.02	3277	42	0.07	14	4	0.007	107	14	0.02	1374	468	0.78	231	0.38	971	1.62	88	0.15	1280	2.14	741	1.24	1833	3.06	289	0.48	222	0.37	356	0.59	292	0.49	60	0.10	1943
1910	6736	9	0.01	2003	26	0.04	—	1	0.002	28	8	0.01	979	357	0.58	50	0.08	791	1.29	73	0.12	1286	2.09	827	1.35	1950	3.17	280	0.46	226	0.37	367	0.60	280	0.46	65	0.11	1944
1912	5598	8	0.01	1835	25	0.04	6	—	—	44	11	0.02	857	365	0.59	44	0.07	984	1.58	85	0.14	1297	2.08	874	1.40	1824	2.93	307	0.49	214	0.34	332	0.53	233	0.37	74	0.12	1945
1916	3800	3	0.00	2265	32	0.05	6	1	0.001	33	10	0.01	1040	399	0.60	105	0.16	893	1.34	169	0.25	1285	1.92	840	1.26	1882	2.81	377	0.56	211	0.32	454	0.68	237	0.35	54	0.08	1946
1911	9008	20	0.03	2308	18	0.03	123	11	0.016	23	8	0.01	770	452	0.66	36	0.05	880	1.28	229	0.33	1407	2.05	957	1.39	2146	3.13	402	0.59	224	0.33	437	0.64	227	0.33	67	0.10	1947
1911	10650	17	0.02	2612	19	0.03	25	4	0.006	20	8	0.01	825	353	0.51	16	0.02	801	1.16	58	0.08	1386	2.00	872	1.26	1917	2.77	406	0.59	196	0.28	312	0.45	206	0.29	77	0.11	1948
—	6485	7	0.01	2749	29	0.04	35	8	0.012	29	8	0.01	783	396	0.57	108	0.15	943	1.35	60	0.09	1398	2.00	1010	1.60	2206	3.15	430	0.61	167	0.24	272	0.39	166	0.24	88	0.13	1949
1914	9798	9	0.01	4187	19	0.03	98	5	0.007	23	5	0.01	696	331	0.47	61	0.09	837	1.19	38	0.05	1405	1.99	1001	1.42	2585	3.68	328	0.47	91	0.13	309	0.44	208	0.30	67	0.10	1950
—	8953	1	0.00	2255	3	0.00	23	2	0.003	27	5	0.01	709	412	0.59	257	0.37	1012	1.45	30	0.04	1507	2.15	1142	1.63	2766	3.95	339	0.48	81	0.12	287	0.41	218	0.32	81	0.12	1951
1911	10035	6	0.01	2635	8	0.01	35	1	0.001	23	2	0.00	521	336	0.48	24	0.03	741	1.05	22	0.03	1536	2.18	1108	1.56	2491	3.54	343	0.49	99	0.14	300	0.42	215	0.30	75	0.11	1952
1911	6798	2	0.00	2112	4	0.01	11	—	—	33	6	0.01	576	338	0.48	102	0.15	791	1.13	9	0.01	1519	2.16	1151	1.64	2550	3.63	322	0.46	65	0.09	284	0.40	232	0.33	100	0.14	1953
—	9844	3	0.00	1642	4	0.01	13	2	0.003	29	2	0.00	384	317	0.45	32	0.05	761	1.09	12	0.02	1568	2.24	1143	1.64	2517	3.60	332	0.47	53	0.08	294	0.42	186	0.27	86	0.12	1954
—	6514	2	0.00	1106	2	0.00	29	1	0.001	22	3	0.00	366	413	0.60	34	0.05	790	1.14	7	0.01	1580	2.28	1224	1.77	2673	3.86	355	0.51	72	0.10	259	0.37	230	0.33	84	0.12	1955
—	2223	—	—	1751	—	—	321	8	0.012	28	9	0.01	334	346	0.50	35	0.05	776	1.13	6	0.01	1531	2.23	1203	1.75	2536	3.70	384	0.56	56	0.08	277	0.40	200	0.29	89	0.13	1956
—	11896	5	0.01	1051	2	0.00	15	1	0.001	27	5	0.01	411	399	0.59	119	0.17	739	1.08	3	0.00	1507	2.21	1134	1.66	2507	3.68	365	0.54	54	0.08	302	0.44	238	0.35	92	0.13	1957
—	3107	3	0.00	223	1	0.00	113	4	0.006	16	2	0.00	233	429	0.63	45	0.07	780	1.15	6	0.01	1480	2.19	1234	1.82	2634	3.89	379	0.56	49	0.07	272	0.40	236	0.35	83	0.12	1958
—	7044	1	0.00	1148	—	—	11	—	—	12	1	0.00	312	405	0.60	108	0.16	781	1.16	3	0.00	1531	2.28	1160	1.73	2457	3.65	353	0.53	56	0.08	255	0.38	259	0.38	94	0.14	1959

† Includes deaths from pneumonia of newborn

INFECTIOUS DISEASES AND EPIDEMIOLOGY

Immunization against specific diseases

Recent advances in our knowledge of immunization of children necessitated further revision of the schedule of times of routine immunization and vaccination.

Two schemes were adopted in which the variation relates only to diphtheria immunization and smallpox vaccination, since it is of the utmost importance that whooping-cough immunization should start as early as possible (i.e. in the second month and preferably in the fifth week of life) and equally important that poliomyelitis vaccination should commence in the seventh month. Details of the schemes are as follows:—

Scheme A

Whooping-cough immunization in the second, third and fourth month.

Diphtheria immunization in the fifth and sixth month.

Poliomyelitis vaccination in the seventh and eighth month.

Smallpox vaccination in the ninth month.

Scheme B

Whooping-cough immunization in the second, third and fourth month.

Smallpox vaccination in the fifth or sixth month.

Poliomyelitis vaccination in the seventh and eighth month.

Diphtheria immunization in the ninth and tenth month.

These procedures are followed by reinforcing injections of poliomyelitis vaccine not less than seven months after the second poliomyelitis injection; whooping-cough vaccine 18 months after completion of the primary course and of diphtheria antigen five years after the primary course.

Smallpox vaccination

The new scheme has affected the number of smallpox vaccinations in the child welfare centre clinics in that, since May, when the revised schedule was adopted, numbers have dropped appreciably. This is only temporary, however, and by the early months of 1960 those vaccinations which were postponed could have been completed.

The personal persuasion of the health visitor in the home and at the clinic has been the chief means of educating parents in the continued need for vaccination in infancy.

No instance was reported during the year of a vaccination in which there occurred or was alleged to have occurred general vaccinia, post vaccinal cephalomyelitis or death from any other complication of vaccination.

Supplies of lymph are available on direct application to the Public Health Laboratory, Monsall Hospital, Monsall Road, Manchester, 10.

The following table shows that the bulk of the work in connection with the vaccination of children under one year continues to be carried out by the medical officers at the child welfare centres:—

General practitioners					Child welfare clinics				
Primary	..	..	..	1,496	Primary	..	..	2,543	
Insusceptible	..	..	..	65	Insusceptible	..	..	228	
Total	..	..		<u>1,561</u>	Total	..	..	<u>2,771</u>	

The numbers of children successfully vaccinated in each of the past years, with percentages, are as follows:—

Year	Numbers of persons vaccinated					Numbers of live births	Percentage vaccinated under 1 to live b
	under 1 year	1—4 years	5—14 years	15 years and over	Totals		
1950 ..	5,409	2,668	846	685	9,608	12,436	43.49
1951 ..	4,803	587	311	1,937	7,638	12,438	38.61
1952 ..	4,419	599	382	2,106	7,506	12,367	35.73
1953 ..	5,827	1,227	1,328	3,776	12,158	12,218	47.69
1954 ..	5,627	704	120	427	6,878	11,843	47.51
1955 ..	5,401	608	139	380	6,528	11,704	46.15
1956 ..	5,755	436	106	311	6,608	11,967	46.10
1957 ..	6,434	545	159	393	7,531	12,424	51.79
1958 ..	6,554	559	137	291	7,541	12,335	53.13
1959 ..	4,222	496	85	269	5,072	12,332	34.24

Diphtheria immunization

The fact that only one case of diphtheria has occurred in the City during the past six years must not be allowed to make parents apathetic towards immunization. The onerous work of persuading parents to accept the benefits of immunization for their children falls on the health visitors as it is recognized that their personal influence must be the biggest single factor in achieving a high level of immunity against any disease in the pre-school child.

During the year there was an increase in the number of young children primarily immunized compared with previous years. The number of reinforcing injections carried out also increased mainly as a result of the routine enquiries made at schools into the immunization state of the children attending, and reminders to parents of the urgent need for any necessary injections to be given.

The service provided by the Mobile Immunization Unit (Medical Officer Dr. Mary Sheila Annie Carroll, M.B., B.Ch., B.A.O.) was again in demand, mainly by parents who were unable to attend child welfare centres due to home circumstances or because they lived in inconvenient parts of the City. The number of children who received a full course of immunization against diphtheria on the Unit was 1,540 (a decrease of 331 on 1958).

11,587 Manchester persons received a complete course of diphtheria anti-toxin injections, 361 received an incomplete course and 10,481 were given a reinforcing injection. In addition, 273 non-Manchester residents received a full primary course and 311 a "booster" injection.

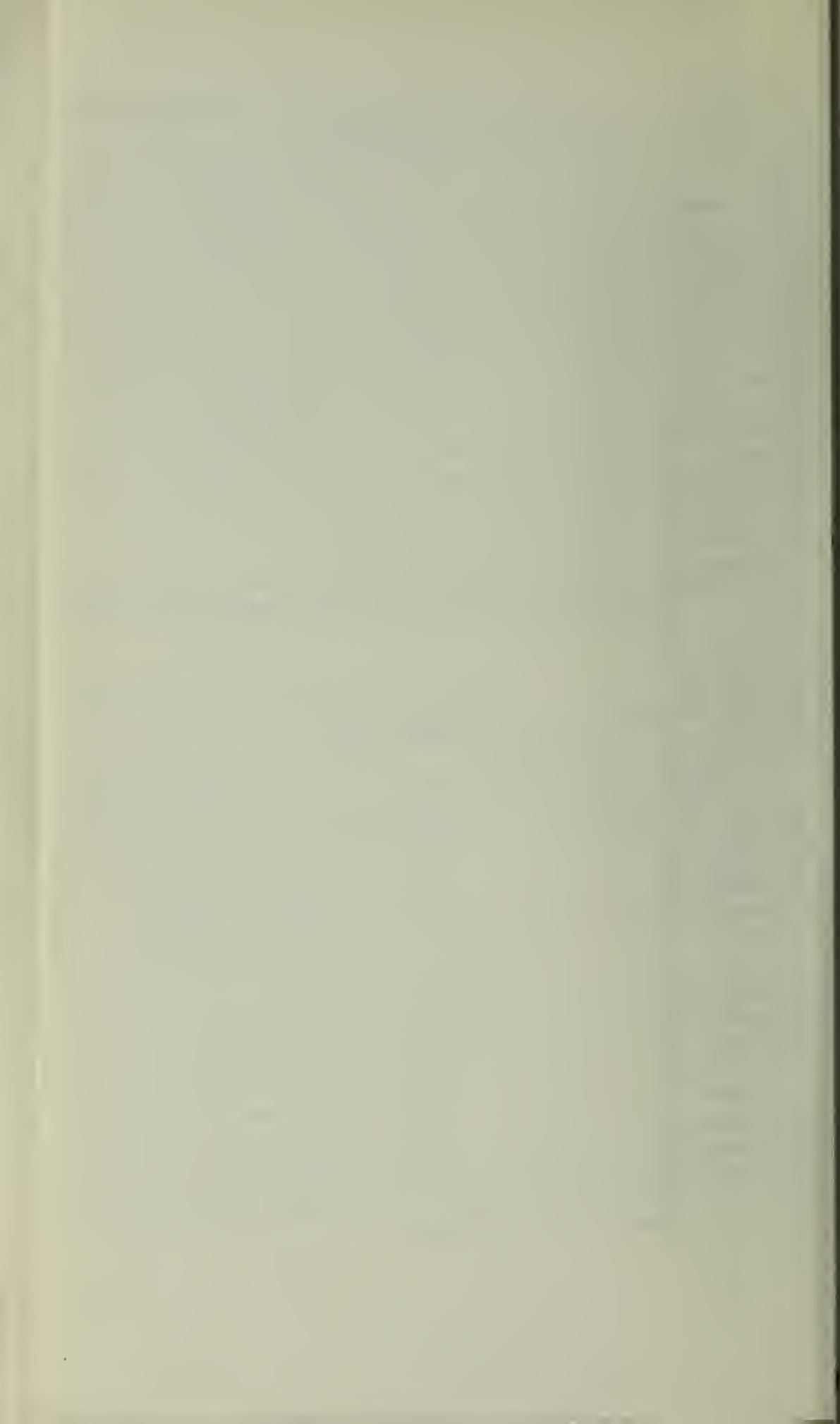
Primary vaccinations—year ended 31st December, 1959

Month	General practitioners										Hospitals										Health office and child welfare centres										Totals										Grand totals all age groups	
	0-		1-		2-4		5-14		15+		0-		1-		2-4		5-14		15+		0-		1-		2-4		5-14		15+		0-		1-		2-4		5-14		15+			
	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S				
January	123	117	11	11	8	8	9	9	34	34	25	25	4	4	1	1	1	1	1	1	404	379	21	21	9	9	—	—	—	—	552	521	36	36	18	18	10	10	35	35	651	620
February	103	102	11	11	14	14	3	3	12	12	17	17	8	8	3	3	1	1	—	—	368	353	8	8	8	8	—	—	—	—	488	472	27	27	25	25	4	4	12	12	556	540
March	133	132	14	13	9	9	3	3	18	18	27	26	—	—	—	—	—	—	3	3	412	380	17	14	12	12	—	—	—	—	572	538	31	27	21	21	3	3	21	21	648	610
April	152	147	11	11	15	13	7	7	21	19	26	26	—	—	—	—	—	—	—	—	462	429	20	18	12	11	1	1	—	—	640	602	31	29	27	24	8	8	21	19	727	682
May	153	144	7	7	8	8	16	16	27	27	27	27	—	—	1	1	—	—	—	—	427	394	10	9	3	3	1	1	1	1	607	565	17	16	12	12	17	17	28	28	681	638
June	211	201	13	12	12	11	12	12	31	31	18	18	—	—	—	—	—	—	—	—	191	168	10	9	11	11	—	—	1	1	420	387	23	21	23	22	12	12	32	32	510	474
July	122	115	9	8	6	5	2	2	32	30	—	—	—	—	—	—	—	—	—	—	55	53	9	9	11	11	—	—	—	—	177	168	18	17	17	16	2	2	32	30	246	233
August	108	102	7	5	14	13	12	11	15	15	32	31	2	2	—	—	—	—	17	17	39	33	16	15	7	7	—	—	—	—	179	166	25	22	21	20	12	11	32	32	269	251
September	123	115	15	12	3	3	8	8	20	19	10	10	1	1	—	—	—	—	—	—	75	63	11	10	14	13	—	—	1	1	208	188	27	23	17	16	8	8	21	20	281	255
October	115	109	15	14	3	3	1	1	6	6	—	—	1	1	—	—	—	—	—	—	110	84	15	12	13	10	—	—	—	—	225	193	31	27	16	13	1	1	6	6	279	240
November.. . . .	98	96	8	7	9	9	3	3	21	20	3	3	—	—	—	—	—	—	—	—	125	119	11	9	14	13	1	1	—	—	226	218	19	16	23	22	4	4	21	20	293	280
December	120	116	5	5	3	3	5	5	15	14	—	—	3	2	—	—	—	—	—	—	103	88	3	3	15	13	—	—	—	—	223	204	11	10	18	16	5	5	15	14	272	249
Total ..	1561	1496	126	116	104	99	81	80	252	245	185	183	19	18	5	5	2	2	21	21	2771	2543	151	137	129	121	3	3	3	3	4517	4222	296	271	238	225	86	85	276	269	5413	5072

Re-vaccinations—year ended 31st December, 1959

Month	General practitioners										Hospitals										Health office and child welfare centres										Totals										Grand totals all age groups	
	0-		1-		2-4		5-14		15+		0-		1-		2-4		5-14		15+		0-		1-		2-4		5-14		15+		0-		1-		2-4		5-14		15+			
	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S	P	S				
January	—	—	1	1	4	4	15	15	80	75	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	2	2	—	—	1	1	4	4	15	15	83	78	103	98		
February	—	—	—	—	1	1	3	3	49	42	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	1	1	3	3	50	43	54	47			
March	—	—	—	—	9	9	11	10	77	73	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	3	3	—	—	—	—	10	10	11	10	80	76	101	96		
April	—	—	—	—	5	5	13	10	62	58	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	4	—	—	—	—	5	5	13	10	66	62	84	77			
May	—	—	—	—	3	3	14	11	89	79	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	6	6	—	—	—	—	3	3	15	12	95	85	113	100		
June	—	—	—	—	10	9	11	11	88	88	—	—	—	—	—	—	—	—	1	1	—	—	—	—	1	1	4	4	—	—	—	—	11	10	12	12	93	93	116	115		
July	—	—	—	—	2	1	7	7	70	61	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	2	1	7	7	71	61	80	69			
August	—	—	—	—	6	5	5	5	70	53	—	—	—	—	—	—	—	—	33	31	—	—	—	—	—	2	1	5	5	—	—	—	—	6	5	7	6	108	89	121	100	
September	—	—	—	—	2	2	4	4	53	40	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	4	—	—	—	—	2	2	4	4	57	44	63	50			
October	—	—	—	—	3	2	5	5	50	41	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	3	2	5	5	51	42	59	49			
November	—	—	1	1	2	2	6	6	49	42	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	125	124	—	—	1	1	2	2	6	6	175	167	184	176		
December	—	—	—	—	2	2	10	8	46	44	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	49	47	—	—	—	—	2	2	10	8	95	91	107	101		
Total ..	—	—	2	2	49	45	104	95	783	696	—	—	—	—	—	—	—	—	37	34	—	—	—	—	2	2	4	3	204	201	—	—	2	2	51	47	108	98	1024	931	1185	1078

P=Performed. S=Successful.



The numbers were distributed as follows:—

Number of Manchester persons immunized and number of immunizations effected

	Numbers having received complete course of antigen	Numbers having received incomplete course of antigen	Numbers having received reinforcing course of antigen
Schools and school clinics ..	3,772	181	10,095
Child welfare centres	3,853	103	3
Day nurseries	274	5	—
Hospitals	485	—	9
Health Office	2	—	11
Mobile Unit	1,540	44	14
General practitioners	1,580	28	324
Manchester persons immunized by outside authorities ..	81	—	25
Persons from outside authorities immunized in Manchester	273	—	311
Total Manchester persons immunized	11,587	361	10,481
Total immunizations effected in Manchester	11,779	361	10,767

8,089 children under five years of age and 3,456 children of school age (a total of 11,545 children) each completed a full course of immunization.

At the close of the year, 84·14 per cent. of Manchester children had completed a course of diphtheria immunization (primary or booster) since 1st January, 1944.

Antigens used in immunizing Manchester pre-school and school children

Age group	Numbers having received a complete course of injections	Antigens used				
		F.T.	A.P.T.	T.A.F.	Diphtheria and pertussis combined	Diphtheria pertussis and tetanus combined
Under 1 year	4,410	3,371	5	45	205	734
—4 years	3,679	3,408	9	39	59	164
—14 years	3,456	3,418	3	3	4	28
Totals—under 15 years	11,545	10,197	17	87	268	976

The following table illustrates the progress of the immunization scheme since its inception:—

DIPHTHERIA IMMUNIZATION

Illustrating the progress of the immunization scheme since its inception
Numbers of Manchester persons, in age groups, having had complete courses of injections

	1928 to 1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	Total under 5 years at end of 1959
Under 1 year	9037	1761	2298	1767	2383	2540	3349	4582	4678	3863	3281	3411	3108	3495	3527	3586	3748	3743	4410	
1 year	12027	2411	3557	2927	4379	4202	3444	4747	3994	3222	4133	3931	3848	3243	3266	2508	2650	2180	2382	
2 years	8071	1292	1567	342	1258	1517	574	1139	1134	837	842	1093	940	831	1161	598	795	699	638	
3 "	8022	1140	1504	168	554	1045	280	369	439	405	462	541	461	360	496	281	374	330	343	31855
4 "	8177	920	1710	145	342	600	202	220	189	207	420	466	398	331	430	287	311	304	316	
5 "	8713	473	1747	182	264	333	100	132	116	170	444	603	583	511	598	416	405	484	508	
6 "	8873	379	2165	199	233	269	77	91	74	171	483	381	467	375	922	445	389	540	564	Total 5-9 years
7 "	8500	236	1577	206	139	215	52	68	58	171	515	310	225	287	686	250	283	384	486	
8 "	8393	176	931	106	101	189	43	63	33	141	640	337	199	170	494	179	193	347	404	50463
9 "	7698	112	805	98	68	143	36	54	31	159	584	363	164	111	286	185	211	367	373	
10 "	7279	117	864	97	87	86	28	37	23	216	749	380	198	105	348	193	265	439	338	
11 "	5757	121	595	72	71	89	15	27	16	165	645	354	149	87	307	172	148	350	282	Total 10-14 years
12 "	5065	131	465	32	67	61	22	18	7	186	702	426	160	78	207	137	107	291	230	
13 "	3974	100	436	33	50	36	11	15	5	145	747	398	166	90	159	127	127	270	163	58359
14 "	1174	53	51	12	14	17	6	11	5	126	567	260	125	71	151	123	121	198	108	
15 years and over ..	4022	221	298	139	210	155	112	108	47	60	155	68	75	80	81	44	67	62	42	Total 15 years & over 179886
Totals 1928-59	115382	9643	20570	6525	10220	11497	8351	11681	10849	10244	15389	13322	11266	10225	13119	9531	10194	10988	11587	320563

The totals at the end of 1959 indicate only approximately the immune population since no account is taken of any deaths that may have ensued amongst the immunized children

Whooping-cough immunization

The number of children immunized against whooping-cough during the year was the highest recorded since the scheme commenced in 1953, showing an increase of 903 over 1958. Once again the numbers immunized on the Mobile Unit increased.

The following tables show the numbers of children immunized according to age group and place of vaccination:—

The total number of children, in age groups, who received complete courses in 1958 and 1959

Age	Welfare centres		Day nurseries		Health Office		Mobile Unit		General practitioners		Hospitals		Totals	
	1958	1959	1958	1959	1958	1959	1958	1959	1958	1959	1958	1959	1958	1959
.. ..	3,465	4,401	22	16	1	1	250	345	497	476	135	9	4,370	5,248
.. ..	321	351	90	118	1	1	528	583	95	90	8	4	1,043	1,147
.. ..	81	96	74	78	3	1	391	333	16	22	3	1	568	531
.. ..	33	39	35	19	1	1	220	205	6	14	—	—	295	278
.. ..	31	24	5	11	—	—	145	120	5	6	—	—	186	161
Totals ..	3,931	4,911	226	242	6	4	1,534	1,586	619	608	146	14	6,462	7,365

The total number of children, in age groups, who received reinforcing injections in 1958 and 1959

Age	Welfare centres		Day nurseries		Health Office		Mobile Unit		General practitioners		Hospitals		Totals	
	1958	1959	1958	1959	1958	1959	1958	1959	1958	1959	1958	1959	1958	1959
0	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	—	93	—	15	—	—	—	—	—	3	1	—	1	111
2	—	201	—	52	—	—	—	—	1	3	—	1	1	257
3	90	272	5	57	—	—	—	—	4	8	—	—	99	337
4	209	113	13	15	—	—	—	—	11	7	1	—	234	135
Totals ..	299	679	18	139	—	—	—	—	16	21	2	1	335	840

Poliomyelitis vaccination

The arrangements for vaccination against poliomyelitis in the City at the end of 1958 were continued into 1959.

At the close of 1958, 84,670 persons had received a primary course of two injections but only 3,687 of these had received the third injection. In addition 5,800 persons had received one injection and 5,645 persons were awaiting an appointment for the first injection.

During the early months of 1959 a heavy programme of booster injections was undertaken mainly in the child welfare centres, school clinics and schools to give the necessary third injection to those groups who had received the primary course at the beginning of the poliomyelitis vaccination campaign.

By the end of February the daily numbers of persons attending the clinic set up in a caravan on a City centre car park had fallen to such an extent that it was decided to close the clinic. To offset the loss of this clinic a vaccination session was held in the Town Hall each Wednesday from 12 to 2 p.m. in addition to the normal Saturday morning session. In April, as a result of the death of a well-known international footballer, the demand for vaccination rose suddenly and the lunch-time clinic was opened each day. This arrangement continued for the remainder of the year and all the people who had attended the caravan centre previously were asked to attend the Town Hall to receive the third injection. By the end of the year all persons given a primary course were receiving an appointment for the third injection approximately seven months later.

The part played by general practitioners in the vaccination scheme increased during the year. The larger number of single dose ampoules of vaccine which were available helped those practitioners who had previously found it difficult to gather nine or ten persons together at the same time to avoid wastage of vaccine. The proportion of persons given a primary course of injections by their private medical practitioners rose from 3.7 per cent. in 1958 to 11.3 per cent. in 1959.

During the year, 65,704 persons received a primary course of two injections as follows :—

	Eligible groups				Totals
	Children born 1943-1959	Young persons born 1933-1942	Expectant mothers	Others	
Child welfare centres and day nurseries	14,944	487	2,491	95	18,017
School clinics	9,041	206	—	40	9,287
Schools and colleges	3,532	2,096	—	165	5,793
Town Hall	2,590	14,375	69	479	17,513
Piccadilly centre (caravan) . .	1,089	4,247	33	135	5,504
Mobile immunization unit . .	112	42	—	4	158
Business premises	38	1,109	—	31	1,178
General practitioners	4,490	2,253	255	468	7,466
Hospitals	—	—	—	788	788
Totals	35,836	24,815	2,848	2,205	65,704

The following table shows the numbers of persons who have received a complete primary course of injections since the scheme commenced in 1956, according to year of birth and year of vaccination:—

Year of birth	Year of vaccination				Totals
	1956	1957	1958	1959	
959	—	—	—	1,043	1,043
958	—	—	591	5,581	6,172
957	—	—	4,410	2,578	6,988
956	—	459	4,410	1,993	6,862
955	—	477	4,365	1,724	6,566
954	429	2,172	1,509	2,251	6,361
953	514	2,254	1,653	2,182	6,603
952	557	2,302	1,605	2,195	6,659
951	620	2,366	1,589	2,093	6,668
950	218	3,156	1,324	2,068	6,766
949	282	3,363	1,279	2,095	7,019
948	511	3,231	1,247	2,334	7,323
947	617	3,309	1,404	2,434	7,764
946	—	—	6,263	1,441	7,704
945	—	—	5,072	1,105	6,177
944	—	—	5,226	1,276	6,502
943	—	—	4,154	1,444	5,598
938-1942	—	—	4,923	14,317	19,240
933-1937	—	—	3,502	11,658	15,160
Other authorized classes	—	90	3,217	3,892	7,199
Totals	3,748	23,179	57,743	65,704	150,374

By 31st December, 97,723 of these persons had received the third injection; 1,192 have received one injection, and a further 1,641 persons were registered for vaccination and awaiting an appointment for the first injection. There were also 14,886 children who were registered for vaccination but who had failed to keep repeated appointments for the first injection.

Dry Sterilization Unit for syringes and needles

The demands made on this Unit, which is accommodated within a part of the Department's Ambulance and Disinfecting Station in Monsall Road, Newton Heath, showed a marked increase over the previous year. 189,900 sterile outfits consisting of syringe and needle in an aluminium container were prepared and issued for use in connection with immunization and vaccination procedures throughout the Department and the taking of blood samples from mothers and children attending child welfare centres in the City. This compares with a total of 80,500 outfits in 1958.

The greater part of the demand for syringes was for use in the poliomyelitis vaccination campaign, which reached its height in May and June, when the resources of the Unit were strained to the utmost. All requirements were met by the use of additional temporary part-time staff and extra work beyond normal hours on the part of the regular staff of the fully trained nurse and attendants.

The basic stock of syringes consists of 10,000 Luer type interchangeable c.c. syringes and 500 Luer type interchangeable 10 c.c. syringes, with aluminium containers. The smaller syringes are used in giving injections for protection against diphtheria, whooping cough and poliomyelitis, whilst the larger ones are used for taking blood samples.

The original building, which was adapted for the work of the Unit, has been improved by a purpose-built extension which has facilitated operations to a considerable extent.

INCIDENCE OF INFECTIOUS DISEASES

Smallpox

There was no case of smallpox in Manchester during the year.

Diphtheria

Once again it is pleasing to record that no confirmed case of diphtheria was reported in the City, although one suspected case, later diagnosed glandular fever, was removed to hospital during December.

The following table shows the annual totals of confirmed cases since 1950:—

Year	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Number of cases	22	10	7	7	—	1	—	—	—	—

The remarkable reduction which has occurred in case incidence and mortality is shown in the following table giving the quinquennial averages from 1931 to 1955 when the last case occurred:—

1931-35		1936-40		1941-45		1946-50		1951-55	
cases	deaths	cases	deaths	cases	deaths	cases	deaths	cases	deaths
1,080	74	1,414	64	636	25	85	4	5	—

Supply of antitoxin

The Regional Hospital Board is responsible, under the National Health Service Acts, for the provision of antitoxin when required for use by general practitioners, and supplies are obtainable from the Monsall Isolation Hospital, Monsall Road, Newton Heath, Manchester, 10.

Meningococcal infection

Twelve cases of meningococcal infection were notified and there was one death, a case fatality of 8·3 per cent., compared with 16 cases and 2 deaths (case fatality 12·5 per cent.) in 1958.

The sex and age distribution of the cases, in quarters of the year, was:—

	1st quarter		2nd quarter		3rd quarter		4th quarter		Totals		Deaths	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 5 years	4	—	—	1	3	—	1	2	8	3		
5—9 ..												
10—14 ..					1	—			1	—	1	—
15—24 ..												
25—34 ..												
35 and over												
All ages	4	—	—	1	4	—	1	2	9	3	1	—

Cases of notifiable infectious diseases other than tuberculosis classified in wards of the City

Estimated population		Dysentery	Typhoid fever	Paratyphoid fever	Other food poisoning	Scarlet fever	Diphtheria	Erysipelas	Whooping cough	Measles	German measles	Meningococcal infections	Acute poliomyelitis		Acute encephalitis		Pneumonia				Smallpox	Malaria (contracted in England & Wales)	Ophthalmia neonatorum	Pemphigus neonatorum	Puerperal pyrexia	Total cases	Rates per 1,000 population in wards
													Paralytic	Non-paralytic	Infective	Post-infectious	Lobar	Broncho	Influenzal	Other							
672300	Total for the City	501	1	13	97	640	—	33	1148	7044	415	12	11	—	1	1	125	65	57	65	—	—	44	—	468	10741	15·98
WARDS																											
21192	ALEXANDRA PARK	12	—	—	3	7	—	—	40	146	15	—	—	—	—	—	2	—	1	1	—	—	3	—	4	234	11·04
16450	ALL SAINTS	14	—	3	1	13	—	2	46	163	9	—	—	—	—	—	6	8	2	1	—	—	3	—	21	292	17·75
16313	ARDWICK	4	—	—	1	23	—	—	36	169	13	1	1	—	—	—	3	—	2	—	—	—	2	—	18	273	16·74
20144	BAGULEY	8	—	—	1	31	—	2	56	248	8	1	—	—	—	—	—	1	—	—	—	—	3	—	6	365	18·12
15757	BARLOW MOOR	24	—	—	1	10	—	—	3	110	14	—	—	—	—	1	—	2	—	—	—	—	2	—	6	174	11·04
20161	BENCHILL	42	—	—	2	22	—	1	46	232	15	—	—	—	1	—	5	2	—	2	—	—	—	—	7	377	18·70
17736	BESWICK	4	—	1	1	12	—	1	19	292	9	1	2	—	—	—	8	2	8	2	—	—	—	—	6	368	20·75
21921	BLACKLEY	6	—	—	1	14	—	—	57	223	13	1	—	—	—	—	3	1	—	2	—	—	—	—	9	330	15·05
21203	BRADFORD	13	—	—	—	23	—	—	32	234	16	1	1	—	—	—	8	2	2	—	—	—	—	—	10	343	16·18
21187	BURNAGE	6	—	1	2	8	—	—	15	81	7	—	—	—	—	—	1	1	1	1	—	—	—	—	9	133	6·28
13198	CHEETHAM	8	—	2	3	20	—	1	21	142	6	3	—	—	—	—	1	1	—	3	—	—	—	—	8	222	16·82
19360	CHORLTON-CUM-HARDY	9	—	—	4	15	—	—	32	83	11	—	2	—	—	—	—	—	—	—	—	—	—	—	3	162	8·37
11880	COLLEGIATE CHURCH	7	—	—	2	12	—	1	18	168	8	—	—	—	—	—	3	2	5	12	—	—	—	—	10	249	20·96
23267	CRUMPSALL	17	—	—	5	14	—	4	22	143	14	—	—	—	—	—	1	—	—	7	—	—	—	—	15	243	10·44
17233	DIDSBURY	22	—	1	2	17	—	—	12	163	23	—	1	—	—	—	1	—	—	—	—	—	—	—	4	249	14·45
22121	GORTON NORTH	22	—	—	2	36	—	1	19	177	23	—	1	—	—	—	2	—	4	—	—	—	—	—	15	302	13·65
16617	GORTON SOUTH	14	—	—	3	9	—	1	5	65	8	—	—	—	—	—	1	—	—	—	—	—	—	—	12	118	7·10
16218	HARPURHEY	9	—	—	4	12	—	—	18	139	5	—	—	—	—	—	—	—	—	1	—	—	—	—	9	197	12·15
15964	HUGH OLDHAM	17	—	1	2	9	—	1	22	209	5	—	—	—	—	—	8	1	2	6	—	—	—	—	6	289	18·10
18208	LEVENSHULME	3	—	—	1	7	—	1	5	81	5	—	—	—	—	—	—	—	—	—	—	—	—	—	7	111	6·10
18957	LIGHTBOWNE	10	—	—	3	28	—	—	30	128	—	1	—	—	—	—	1	—	1	4	—	—	—	—	2	208	10·97
14766	LONGSIGHT	3	—	—	—	6	—	1	19	114	10	—	—	—	—	—	6	7	—	—	—	—	—	—	5	172	11·65
11912	MILES PLATTING	12	—	—	1	16	—	—	30	187	9	—	—	—	—	—	2	1	1	3	—	—	—	—	8	271	22·75
17628	MOSS SIDE EAST	9	—	—	1	9	—	1	55	173	7	—	—	—	—	—	2	2	—	—	—	—	—	—	19	279	15·83
16773	MOSS SIDE WEST	16	—	—	5	19	—	1	50	211	10	1	1	—	—	—	3	1	1	—	—	—	—	—	18	338	20·15
20375	MOSTON	9	—	1	1	14	—	—	52	234	8	1	—	—	—	—	10	5	2	5	—	—	—	—	6	350	17·18
13208	NEW CROSS	11	—	—	1	8	—	3	13	196	6	—	1	—	—	—	3	2	—	—	—	—	—	—	10	254	19·16
17643	NEWTON HEATH	11	—	1	4	20	—	3	54	297	7	—	—	—	—	—	14	6	5	4	—	—	—	—	7	433	24·54
22165	NORTHENDEN	48	—	—	10	36	—	5	25	450	29	—	—	—	—	—	2	4	4	2	—	—	—	—	3	620	27·97
16685	OLD MOAT	7	—	—	1	35	—	—	19	190	10	—	—	—	—	—	2	1	3	—	—	—	—	—	4	273	16·36
21149	OPENSHAW	19	—	1	1	17	—	1	11	187	12	—	—	—	—	—	4	2	4	—	—	—	—	—	12	271	12·81
16466	RUSHOLME	8	—	—	1	13	—	—	38	200	14	—	—	—	—	—	2	1	—	1	—	—	—	—	10	289	17·55
15880	ST. GEORGE'S	21	—	—	6	20	—	—	61	264	23	—	—	—	—	—	5	2	2	1	—	—	—	—	19	424	26·70
16408	ST. LUKE'S	15	—	—	5	13	—	—	30	91	3	—	1	—	—	—	4	2	1	1	—	—	—	—	19	189	11·52
19657	ST. MARK'S	5	—	—	3	16	—	1	12	92	5	—	—	—	—	—	2	2	—	1	—	—	—	—	11	153	7·78
9048	ST. PETER'S	6	1	1	1	10	—	—	19	111	3	1	—	—	—	—	5	3	4	1	—	—	—	—	9	175	19·34
15008	WITHINGTON	4	—	—	3	7	—	1	5	200	21	—	—	—	—	—	1	—	2	3	—	—	—	—	6	253	16·86
22442	WOODHOUSE PARK	19	—	—	7	39	—	—	101	451	11	—	—	—	—	—	4	1	—	—	—	—	—	—	4	637	28·38
	HOSPITALS AND INSTITUTIONS	7	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	111	121	—



Poliomyelitis

The incidence of poliomyelitis showed a marked reduction compared with the previous year, being the lowest since 1953. Of the 57 suspected cases admitted to hospital, only 11 were confirmed as poliomyelitis and all these were paralytic cases; in 1958 there were 87 paralytic and 26 non-paralytic cases. There were no deaths from the disease compared with 4 the previous year.

One of the confirmed cases, a boy of two years, had been vaccinated against poliomyelitis; he had received two injections 12 months prior to the onset of the disease. The paralysis was of a mild character and has left only a slight weakness in the left leg.

The months of onset of cases were:—

Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
2	—	1	2	—	1	2	1	2	—	—	—

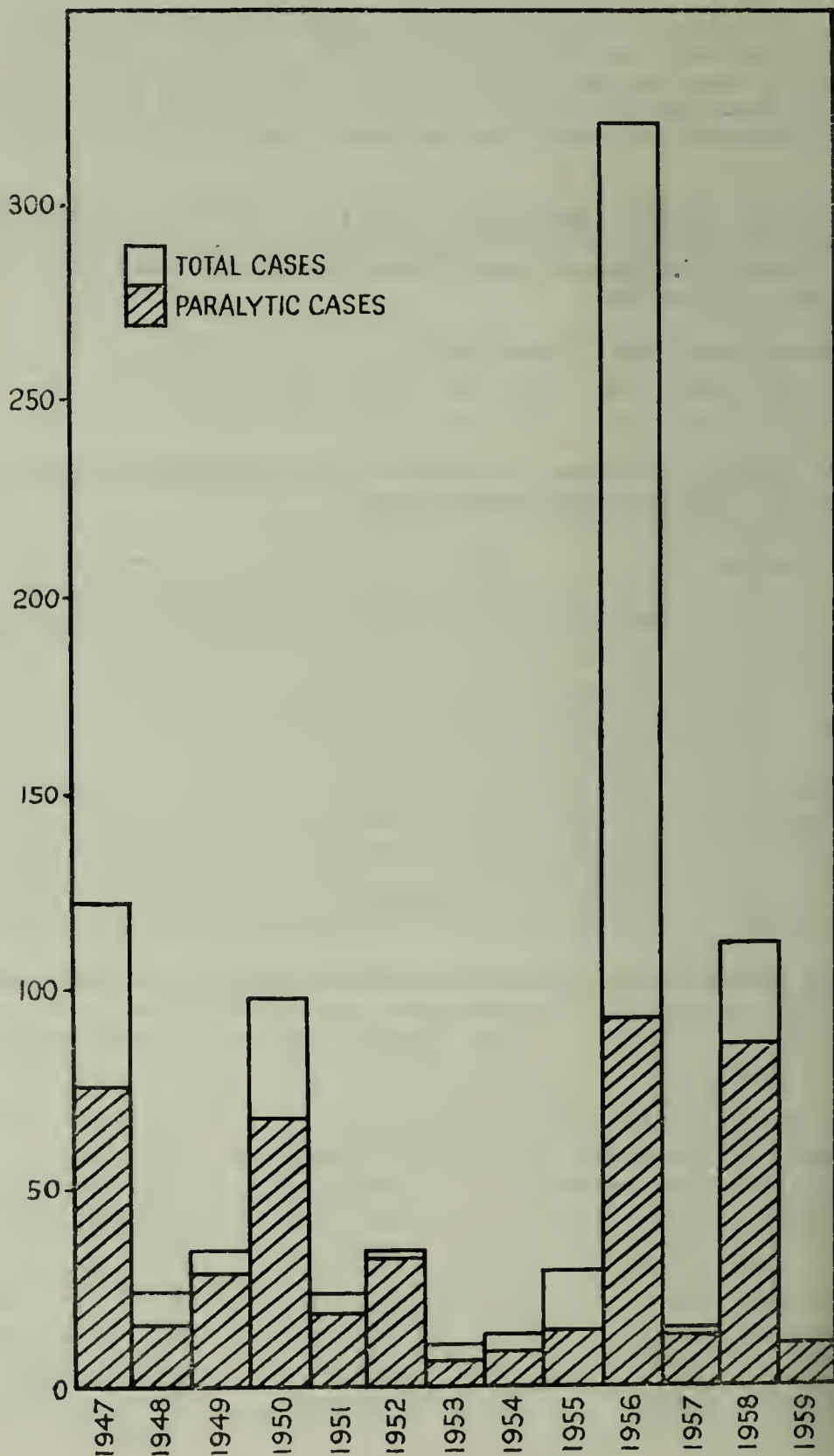
The following table shows the incidence of poliomyelitis and deaths during the past five years according to sex and age:—

Age groups	Cases															Deaths														
	1959			1958			1957			1956			1955			1959			1958			1957			1956			1955		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Under 1 year	1	2	3	4	6	10	-	-	-	2	4	6	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-
1-2 years	4	2	6	17	13	30	3	1	4	15	11	26	2	1	3	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-
3-4 years	-	-	-	15	10	25	1	2	3	28	23	51	4	1	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5-9 years	-	-	-	14	14	28	3	-	3	55	33	88	7	4	11	-	-	-	1	-	1	-	-	-	-	-	1	-	1	-
10-14 years	-	-	-	2	2	4	1	2	3	21	19	40	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
15-24 years	-	1	1	2	5	7	-	-	-	24	28	52	2	2	4	-	-	-	-	1	1	-	-	-	2	-	2	-	-	-
25 years and over	1	-	1	6	3	9	2	-	2	31	27	58	1	3	4	-	-	-	1	-	1	-	-	-	3	2	5	-	-	-
Tota	6	5	11	60	53	113	10	5	15	176	145	321	18	11	29	-	-	-	3	1	4	-	-	-	5	3	8	1	-	1

The latest known condition of the cases is shown in the following table:—

Age	City ward	Onset	Notified	Site of paralysis	Condition—February, 1960
2 y. 3 months.	Chorlton-cum-Hardy	2-1-59	14-1-59	Left leg	Slight weakness apparent when tired.
25 years.. ..	Moss Side West ..	21-1-59	28-1-59	Facial, pharynx, left leg	Moved to Ireland.
2 y. 11 months	Chorlton-cum-Hardy	?	12-3-59	Left leg	Marked atrophy of left leg muscles—wearing caliper.
20 years.. ..	Didsbury.. .. .	1-4-59	7-4-59	Both legs	Improving, walks without caliper—removed to Cheadle Hulme, Ches.
1 y. 4 months.	St. Luke's	21-4-59	24-4-59	Left arm	Much improved, full range of movement not yet possible.
1 y. 6 months.	Ardwick	20-6-59	22-6-59	Facial	Improved, little evidence of paralysis.
2 years	Beswick	5-7-59	7-7-59	Right leg	Walks quite well, caliper on leg, receiving physiotherapy.
2 years	Gorton North ..	7-7-59	24-9-59	Both legs	Improved, treatment continuing.
9 months ..	Beswick	31-8-59	4-9-59	Facial	Recovered, no paralysis.
10 months ..	Beswick	4-9-59	10-9-59	Right leg	Slight improvement, ankle wasted.
9 months ..	New Cross	29-9-59	1-10-59	Both arms, facial	Facial paralysis cured. Having treatment for paralysis of arms.

ACUTE POLIOMYELITIS



Acute encephalitis (infective—post infectious)

Two notifications of acute encephalitis were received during the year, one being the infective type, the other post infectious.

The former case, a female aged 27 years, died in hospital, the cause of death being "1 (a) Encephalitis (virus)." The post infectious case was a girl aged 12 years, who developed the disease following an attack of measles.

In addition, a boy aged 12 months, normally resident in Manchester, died whilst living temporarily in Cumberland, the cause of death being given as "acute virus encephalitis." The case was not notified to Manchester but was included in the Registrar General's transferable deaths.

Pneumonia

There were 312 cases of pneumonia notified, consisting of:—

Primary pneumonia	lobar	125	} 312
	lobular	65	
	unclassified	65	
Influenzal pneumonia	57		

There were 389 deaths, 44 lobar, 331 lobular and 14 unclassified. In addition there were 57 deaths from influenza associated with pneumonia.

Malaria

No notification was received.

Anthrax

No case of anthrax came to the notice of the Department.

Measles and German measles

The fairly heavy incidence of measles which had commenced in July, 1958, continued until June of this year, reaching a maximum of 363 cases in one week during April. The total number of cases notified during the year was 7,044. There was one death from the disease.

Cases of German measles were low throughout the year, 415 notifications being received.

The quarterly incidence of cases is shown in the following table:—

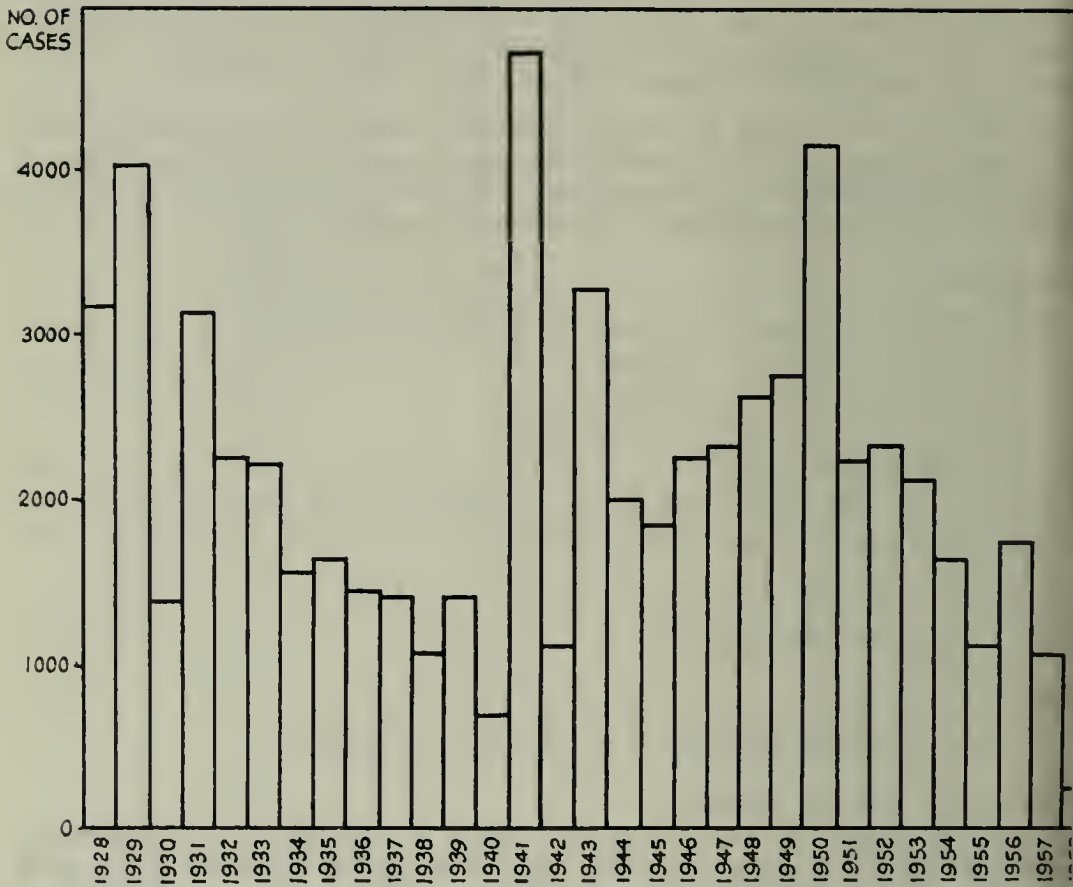
Disease	Cases notified				
	1st quarter	2nd quarter	3rd quarter	4th quarter	Totals
Measles	2,909	3,230	713	192	7,044
German measles	108	156	58	93	415

Whooping-cough

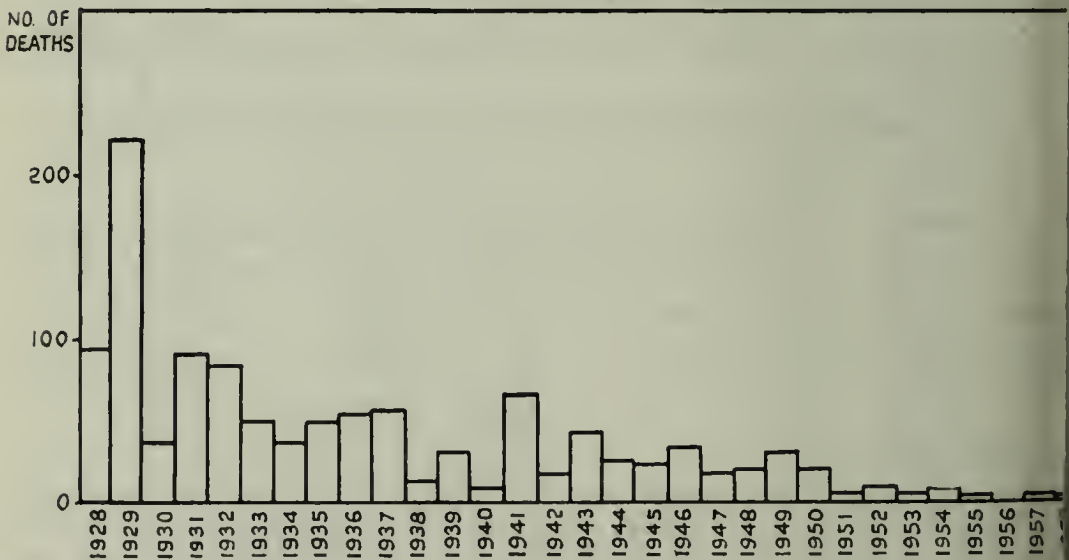
The fall in whooping-cough cases recorded in 1958 was not maintained this year when 1,148 notifications were received, none of which proved fatal. 83 cases, or 73 per cent. of the total cases, occurred during the June and September quarters.

Details relating to the numbers of cases and deaths since 1928 are shown in the chart which follows, on page 48.

WHOOPING COUGH CASES



WHOOPING COUGH DEATHS



Typhoid fever

One case of typhoid fever occurred. The patient, aged 2 years, resided at a public house and samples of blood, faeces and urine were taken from 14 contacts (waiters, waitresses and relatives), all of which proved negative. It was found that another relative living outside Manchester, with whom the child had been on holiday, was a positive carrier of the typhoid bacillus, and no doubt this was the cause of the illness.

Paratyphoid fever

13 cases of paratyphoid fever were notified and confirmed, 3 of whom were contacts and symptomless excretors. The sources of the illnesses were not discovered. None of the cases proved fatal.

Dysentery

557 cases of dysentery were notified or otherwise ascertained. Of these, 301 were accepted as being dysentery, 303 being confirmed bacteriologically as *Sh. sonnei* and 16 as *Sh. flexner*. In the remaining cases the causative organism was not identified. The incidence of the disease was greatest during the first half of the year when 72 per cent. of the total cases occurred.

The following table shows the corrected notifications by sex and age group, the four quarters of the year:—

Age group	1st quarter		2nd quarter		3rd quarter		4th quarter		Totals	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 5 years.. ..	62	47	27	30	14	8	22	20	125	105
5-14 years	34	30	18	6	5	8	10	7	67	51
15-44 years	96	77	45	36	19	16	32	27	192	156
45 years and over ..	16	30	20	40	6	14	14	13	56	97
Totals	112	107	65	76	25	30	46	40	248	253

Scarlet fever

Notifications received during the year numbered 640 and there were no deaths. The age group distribution of the cases was similar to the two previous years; 39 per cent. of the cases occurred in children under 5 years; 58 per cent. in children between 5 and 14 years of age, and 3 per cent. in persons over 15 years of age.

Acute rheumatism

In February, as a result of the operation of the Acute Rheumatism (Amendment) Regulations, 1959, all cases of acute rheumatism occurring within the City in persons up to 16 years of age became notifiable. The 1959 Regulations extended the number of areas in which cases of acute rheumatism were made notifiable under the Acute Rheumatism Regulations, 1953, to a total of four county areas, nine county borough areas and one borough.

The term “acute rheumatism” means the following conditions occurring separately or together in a person under the age of 16 years:—

- (i) rheumatic pains or arthritis accompanied by a rise in temperature;
- (ii) rheumatic chorea;
- (iii) rheumatic carditis;
- (iv) valvular disease of the heart of rheumatic origin.

During the remainder of the year, 27 cases of acute rheumatism were notified, all in children between 5 and 15 years of age. Of these, 2 were later classified as not rheumatism and the remaining 25 were classified as follows:—

Clinical classification	Age in years								Totals	
	0—4		5—9		10—14		15 and over			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Rheumatic pains without heart disease ..	—	—	8	4	7	2	—	—	15	6
Rheumatic heart disease (active)	—	—	—	—	—	—	—	—	—	—
Rheumatic heart disease (quiescent)	—	—	—	1	2	—	1	—	3	1
Rheumatic chorea (alone)	—	—	—	—	—	—	—	—	—	—
Totals	—	—	8	5	9	2	1	—	18	7

Under the regulations, a register of notified cases must be kept and regular contact made with each case to ensure that any necessary treatment is maintained.

Consultations

At the request of medical practitioners in the City, 4 consultation visits were made by medical officers from the Department, in connection with the diagnosis of cases of infectious disease where the nature of the illness was in doubt.

International certificates of vaccination

3,006 certificates of vaccination and inoculation issued to travellers and signed by doctors practising in the City were checked and countersigned in the Department; this is a requirement of the International Sanitary Regulations, 1952, and for comparison the number dealt with in 1958 was 1,474.

Food poisoning

<i>No. of outbreaks</i>	<i>No. of cases</i>	<i>Single cases</i>	<i>Remarks</i>
11	193		Agent identified
6	12		Agent unknown
		48	Agent identified
		19	Agent unknown
Totals .. <u>17</u>	<u>205</u>	<u>67</u>	
	<u>272</u>		

Summary : No. notified 97

No. ascertained .. 175

Total .. 272

Brief details of the cases where the casual agent was identified are contained in the following schedule of food poisoning incidents copied in the suggested form for annual returns to the Minister of Health as an Appendix D (ii) of the Revised Memorandum 188-Med. 1958:—

Summary of
Cases where c

Outbreak caused by		Cases		Illness—clinical features			
Food	Agent	Notified	Ascertained	Average incubation	Main symptoms	Severity	Duration
1. Not known.. ..	Salmonella typhimurium	1	—	Not known	Diarrhoea	Mild	3/4
2. Not known.. ..	do.	1	—	Not known	Diarrhoea	Very mild	6
3. Not known.. ..	do.	2	—	Not known	Abdominal pain, diarrhoea, vomiting, pyrexia	Moderate	7
4. Not known.. ..	do.	1	—	Not known	Abdominal pain, loose stools, pyrexia	Mild	3/4
5. Not known.. ..	do.	1	—	Not known	Languid, diarrhoea, pyrexia ..	Moderate	7
6. Not known.. ..	do.	2	—	Not known	Pyrexia, diarrhoea.. .. .	Very mild	1/3
7. Not known.. ..	do.	1	—	Not known	Nausea, headache, abdominal pain, diarrhoea, vomiting, malaise	Mild	Hospital
8. Not known.. ..	do.	1	—	Not known	1-vomiting, diarrhoea, pyrexia, 1-symptomless excreter	Mild	1 hospital
9. Not known.. ..	do.	1	—	Not known	Vomiting, diarrhoea, abdominal pain	Mild	—
10. Raw hen egg suspected	do.	1	—	9 hours	Vomiting, diarrhoea	Moderate	5,6
11. Not known.. ..	do.	1	—	Not known	Abdominal pain, vomiting, diarrhoea	Moderate	Hospital
12. Not known.. ..	do.	1	—	Not known	Pyrexia, diarrhoea, abdominal pain	Moderate	Hospital
13. Not known.. ..	do.	1	—	Not known	Persistent diarrhoea and anaemia	Mild	Hospital
14. Not known.. ..	do.	—	—	Not known	Symptomless excreter	—	—
15. Not known	do.	1	—	Not known	Slight diarrhoea and blood in stools	Mild	Hospital
16. Not known.. ..	do.	2	—	Not known	Diarrhoea	Mild	1 hospitalized, 2/3
17. Not known.. ..	do.	2	—	Not known	Headache, abdominal pain, pyrexia, diarrhoea	1 moderate 1 mild	1 hospitalized
18. Not known.. ..	do.	1	—	Not known	Diarrhoea, abdominal pain, anorexia	Mild	7 days
19. Not known.. ..	do.	1	—	Not known	Diarrhoea	Very mild	3 weeks
20. Not known.. ..	do.	1	—	Not known	Languid, abdominal pain, diarrhoea	Moderate	Hospital
21. Not known.. ..	do.	1	—	Not known	Pyrexia and diarrhoea	Moderate	Hospital
22. Not known.. ..	do.	1	—	Not known	Abdominal pain and diarrhoea	Very mild	Few
23. Not known.. ..	do.	1	—	Not known	Vomiting, diarrhoea	Mild	Few
24. Not known.. ..	do.	1	—	Not known	Diarrhoea	Mild	Hospital
25. Not known	do.	1	—	Not known	Diarrhoea	Mild	Hospital

ning cases 1959

s were identified

Results of laboratory investigations				Origin and preparation of food suspected	Place at which food causing illness was consumed	Estimated number at risk	Probable origin of infection or contamination of food.
Food samples	Food handlers (faecal specimens)	Other (faecal specimens)					
—	—	—	Home	Home	3	Not known.	
—	—	4— negative	Home	Home	5	Not known.	
—	—	2— negative	Home	Home	4	Not known.	
—	—	—	Home	Home	5	Not known.	
—	—	1— negative	Home	Home	3	Not known.	
—	—	2— negative	Home	Home	4	Not known.	
—	—	—	Home	Home	1	Not known.	
—	—	1+ve	Home	Home	6	Not known.	
—	—	—	Home	Home	5	Not known.	
—	—	1+ve	Home	Home	1	Not known.	
—	—	3— negative	Home	Home	4	Not known.	
—	1— negative	—	Home	Home	4	Not known.	
—	—	—	Home	Home	2	Not known.	
—	—	1+ve	Mother and baby home in Wrexham	Mother and baby home in Wrexham	1	Contact with case of <i>S. typhi-murium</i> at mother and baby home in Wrexham.	
—	—	—	Home	Home	3	Not known.	
—	—	—	Home	Home	5	Not known.	
—	1— negative	—	Seaside holiday camp	Seaside holiday camp	?	Symptoms occurred when on caravan holiday at seaside.	
—	—	1— negative	Home	Home	3	Not known.	
—	—	—	Home	Home	4	Not known.	
—	—	—	Home	Home	4	Not known.	
—	—	—	Home	Home	3	Not known.	
—	—	—	Home	Home	3	Not known.	
—	—	—	Home	Home	3	Not known.	
—	—	—	Training college for nursery nurses	Training college for nursery nurses	46	Not known.	
—	—	—	Home for problem families	Home for problem families	53	Not known.	

Outbreak caused by		Cases		Illness—clinical features			
Food	Agent	Notified	Ascertained	Average incubation	Main symptoms	Severity	D
26. Not known.. ..	Salmonella typhimurium	1	—	Not known	Diarrhoea	Mild	Ho
27. Not known.. ..	do.	1	—	Not known	Diarrhoea	Mild	Ho
28. Not known.. ..	do.	1	—	Not known	Pyrexia, abdominal pain, diarrhoea	Moderate	Ho
29. Not known.. ..	do.	1	—	Not known	Abdominal pain, diarrhoea, pyrexia	Moderate	Ho
30. Not known.. ..	do.	1	—	Not known	Abdominal pain, anorexia ..	Mild	Ho
31. Sour milk suspected	do.	1	—	Not known	Abdominal pain, diarrhoea ..	Mild	Ho
32. Not known.. ..	Salmonella thompson	1	—	Not known	Diarrhoea, abdominal pain ..	Mild	3
33. Not known.. ..	do.	1	—	Not known	Pyrexia, diarrhoea	Moderate	10
34. Not known.. ..	do.	1	—	Not known	Pyrexia, diarrhoea.. ..	Mild	3
35. Not known.. ..	do.	2	—	Not known	Vomiting, diarrhoea, pyrexia and abdominal pain	Mild	3
36. Not known.. ..	do.	1	—	Not known	Diarrhoea and pyrexia.. ..	Moderate	Ho
37. Not known.. ..	Salmonella schwarzengrund	1	—	Not known	Vomiting, diarrhoea	Mild	4
38. Not known.. ..	Salmonella schwarzengrund and bareilly	1	—	Not known	Pyrexia, diarrhoea	Moderate	5,6
39. Not known.. ..	Salmonella newington	1	—	Not known	Pyrexia, abdominal pain, diarrhoea	Moderate	3
40. Not known.. ..	Salmonella anatum	1	—	Not known	Diarrhoea, abdominal pain ..	Mild	3/4
41. Not known.. ..	do.	1	—	Not known	Diarrhoea, vomiting, abdominal pain	Moderate	Hosp
42. Not known.. ..	Salmonella derby	1	—	Not known	Pyrexia and vomiting, diarrhoea	Mild	2,3
43. Not known.. ..	Salmonella manchester	1	—	Not known	Nausea, diarrhoea, abdominal pain	Mild	4,5
44. Hen egg suspected	Salmonella worthington	1	—	Not known	Pyrexia, nausea, vomiting, diarrhoea	Moderate	4
45. Not known.. ..	Salmonella infantis	1	—	Not known	Diarrhoea	Moderate	Hosp
46. Roast veal	Salmonella heidelberg	1	—	Not known	Vomiting, diarrhoea, abdominal pain, pyrexia	Mild	3,4
47. Not known.. ..	Salmonella adelaide	1	—	Not known	Diarrhoea, pyrexia, vomiting	Mild	2 v
48. Not known.. ..	do.	1	—	Not known	Diarrhoea, vomiting, pyrexia	Mild	Few
49. Ice cream suspected	Salmonella abony	1	—	Not known	Vomiting, diarrhoea, abdominal pain, pyrexia	Mild	3

Results of laboratory investigations				Origin and preparation of food suspected	Place at which food causing illness was consumed	Estimated number at risk	Probable origin of infection or contamination of food.
Food samples	Food handlers (faecal specimens)	Other (faecal specimens)					
—	—	—	Home for problem families	Home for problem families	55	Not known.	
—	—	—	Home for problem families	Home for problem families	47	Not known.	
—	—	—	Home	Home	2	Not known.	
—	—	—	Home	Home	10	Not known.	
—	—	1— negative	Home	Home	7	Not known.	
—	—	—	Home	Home	2	Not known.	
—	—	—	Home	Home	4	Not known.	
—	—	—	Home	Home	4	Not known.	
—	—	—	Home	Home	5	Not known.	
—	—	—	Home	Home	4	Not known.	
—	—	—	At home and on holiday	At home and on holiday	3 at home	Not known.	
—	—	—	Home and works canteen	Home and works canteen	4 at home	Not known.	
—	—	4— negative	Home	Home	5	Not known.	
—	—	4— negative	Home and Pakistan	Home and Pakistan	5	Not known.	
—	—	—	Home	Home	3	Not known.	
—	—	—	Home	Home	4	Not known.	
—	—	—	Home	Home	3	Not known.	
—	—	—	Cafe when on holiday	Cafe when on holiday	2	Not known.	
—	—	—	Home	Home	3	Not known.	
—	—	—	Home	Home	2	Not known.	
—	—	—	Home	Home	6	Not known.	
—	2— negative	1— negative	Home and holiday camp	Home and holiday camp	4	Onset of illness occurred when employed at seaside holiday camp.	
—	—	—	Home and holiday camp	Home and holiday camp	4	Visitor to same holiday camp at which Case No. 47 was employed.	
—	—	2— negative	Home or on seaside holiday	Home or on seaside holiday	6	? Seaside ice cream vendor.	

Outbreak caused by		Cases		Illness—clinical features			
Food	Agent	Notified	Ascertained	Average incubation	Main symptoms	Severity	Duration
50. Not known.. ..	Salmonella chester	1	—	18 hours	Vomiting, diarrhoea, abdominal pain, pyrexia	Mild	Hospital
51. Lightly boiled egg suspected	Salmonella enteritidis	1	—	12 hours	Abdominal pain, diarrhoea..	Mild	4
52. Not known.. ..	Salmonella dublin	1	—	Not known	Abdominal pain, diarrhoea ..	Mild	2/3
53. Not known.. ..	Salmonella newport	1	—	Not known	Rash, vomiting, pyrexia, diarrhoea	Mild	2/3
54. Vanilla slices ..	Staphylococcus aureus	3	—	3¼ hrs.	Vomiting, diarrhoea, abdominal pain	Moderate	4
55. Meat pie suspected	do.	3	—	3 hrs.	1 pyrexia, vomiting 2 abdominal pain, diarrhoea, pyrexia, vomiting	Mild Moderate	2/3
56. Braised liver and gravy	Clostridium welchii	—	40	8/16 hrs.	Abdominal pain, diarrhoea ..	Moderate	2/3
57. Roast turkey suspected	do.	2	—	14/15 hrs.	Nausea, diarrhoea, abdominal pain	Mild	2
58. Boiled mutton ..	do.	—	100	12/15 hrs.	Abdominal pain, diarrhoea ..	Mild to moderate	2
59. Roast turkey ..	do.	—	35	13/15 hrs.	Abdominal pain, nausea, diarrhoea	Mild to moderate	2/3
60. Not known.. ..	Staphylococcus of unknown origin	1	—	Not known	Not known	Fatal	Not known

Results of laboratory investigations			Origin and preparation of food suspected	Place at which food causing illness was consumed	Estimated number at risk	Probable origin of infection or contamination of food.
Food samples	Food handlers (faecal specimens)	Other (faecal specimens)				
—	2— negative	—	H.M. Army camp	H.M. Army camp	8	Patient was employed with H.M. camp butchers in Somerset.
—	—	—	Home	Home	8	Not known.
—	—	—	Home	Home	3	Not known.
—	—	—	Home	Home	4	Not known.
2 vanilla slices (+ve vanilla filling +ve pastry)	—	Vomit +ve	Large wholesale bakery in adjoining borough	Home of consumer	?	Subsequent handling by salesman and shopkeepers.
Meat pie +ve	—	—	Bakery	Home	3	Not known.
Braised liver +ve rhubarb and apple pie +ve dumpling mix — negative	17— negative	—	Meat obtained from local butchers prepared in works canteen kitchen	Canteen of large engineering works	400	Meat and gravy reheated before serving.
3 turkeys —negative gravy— negative sausage —negative	—	—	Restaurant	Restaurant	160	Reheating of turkey and gravy.
Sample dinner on one plate boiled mutton +ve vegetables +ve parkin +ve custard +ve	—	—	School kitchen	School canteen	275	Meat essence reheated in the preparation of gravy.
Remains of 2 roast turkeys 4 +ve mince pie 1— negative sauce 1— negative pudding 1— negative	—	—	Kitchen of municipal building	Canteen of municipal building	82	Reheating of turkeys at three-day intervals and essence used for and reheated as gravy.
Death from misadventure. Cause — Acute staphylococcal enteritis with food poisoning of unknown			—	—	—	Notified in returns of Registrar General two months after occurrence.

GENERAL MEDICAL SERVICES

Medical screening of entrants to the Corporation service

Medical examination of new entrants to the Corporation service is undertaken as a routine only for those who will be working in the day nurseries and certain sections of the Children's Department.

All other entrants complete a medical questionnaire, which is a comprehensive form designed to obviate the necessity of a medical examination for the majority of applicants. Where the information given is inadequate or indicative of an unsatisfactory medical history, further enquiry is made through the general practitioner concerned, permission for this being included under the applicant's signature.

If any doubt remains as to the applicant's fitness for duty, a medical examination is arranged with a consultant independent of the Corporation.

This system has been in operation since November, 1957, and has given satisfaction in all departments of the Corporation. On the whole, the information provided by the applicants is more than adequate. If illness arises and it is found that essential information was withheld at the time of appointment an applicant is liable to dismissal without notice, but such action has never been necessary.

658 questionnaires were examined by the Medical Officer of Health. 11 applicants were rejected on medical grounds and 8 were medically examined of whom 3 were subsequently rejected as unfit.

In addition, 12 applicants of the Children's Department, were rejected after medical examination.

Retirements through incapacity

The Manchester Corporation Superannuation Scheme provides for the medical examination, under the direction of the Medical Officer of Health, of all applicants for retirement, on superannuation, through incapacity. If the applicant is considered unfit to continue working, the Medical Officer of Health signs a certificate to this effect. 94 applications were considered and only 4 were rejected on the grounds that medical evidence of incapacity was insufficient.

The Transport Department have their own Medical Officer who conducts the necessary medical examinations; his reports are submitted to the Medical Officer of Health for consideration and a certificate of incapacity is signed when medical evidence substantiates the claim.

Rehousing on medical grounds

Recommendations for rehousing are received mainly from hospital specialists and general practitioners but also from welfare organizations and similar sources. Visits of inspection are made by the housing inspectors and their reports are considered in detail by the administrative medical staff.

The volume of work in this connection shows little sign of abating although the pattern of it is changing. Applications for transfer to alternative accommodation show an increase while re-housing applications have decreased. 3,309 cases were considered for re-housing on medical grounds.

Unfortunately, it is inevitable, until more new houses are available than the toll on the health and happiness of people and the disruption of family life which inadequate housing fosters, will continue.

Cremation certificates

In September, 1959, the Medical Officer of Health was appointed the Medical Referee of the Blackley Crematorium. Doctors A. M. M. Grierson, J. J. Griffiths, C. A. Royde and A. D. Lepine were appointed deputy medical referees and all these appointments were approved by the Home Office.

The duties involve examination of applications for cremation, particularly of the medical certificate given by the doctor who has attended the deceased, and the confirmatory medical certificate given by another doctor. The medical referee must be satisfied that the fact and cause of death have been definitely ascertained; the certificates are examined with very great care before certification.

107 certificates were examined from September—December, 1959.

Examination of Waterworks Department staff

As a result of extensive repair work being carried out on the pipe lines carrying water from Thirlmere and Haweswater, it was decided that all staff employed on this work should be tested to discover whether any were carriers of the enteric group of diseases. These tests were in addition to those which have been made at regular intervals during past years on staff employed in the catchment areas and at the reservoirs.

The test comprises a Widal blood test taken by a medical officer of the Health Department and three consecutive specimens of faeces and urine submitted at weekly intervals for bacteriological examination by the Public Health Laboratory Service. Since the tests on repair workers were commenced, during the latter months of 1958, 340 employees of the Waterworks Department have been examined, none of whom has been found to be a carrier of enteric disease.

Staff welfare

There is an accident and welfare room available in the basement of the Town Hall for the use of staff who are involved in accidents or taken ill while at work. 178 persons were given attention.

Details of the medical questionnaire forms examined and the medical examinations carried out by the medical staff of the Department and independent specialists are shown in the following table:—

Medical examination of staff and entrants to the Corporation Service

Department	Medical questionnaire forms examined—entrants	Medical examinations arranged—entrants	Retirements on superannuation—staff	Miscellaneous—staff	T
Town Clerk's	19	—	—	—	
Rivers	1	—	—	2	
Fire Brigade	—	—	—	2	
Baths and Laundries ..	—	—	—	2	
Children's.. .. .	9	84	—	—	
City Architect's	42	2	1	9	
City Surveyor and Engineer's	38	—	7	2	
City Treasurer's	22	—	1	—	
Cleansing	1	—	2	3	
Housing	12	—	3	1	
Markets	1	—	1	—	
Parks and Cemeteries ..	5	—	2	1	
Health*	346	124	5	3	4
Stationery	13	1	—	—	
Waterworks	16	3	4	—	2
Welfare Services	29	5	1	5	4
Airports	2	—	—	—	
Probation Service	3	2	—	—	
Transport†	—	—	52	5	5
Libraries	68	2	5	1	7
Police	27	—	—	2	2
Education‡	—	—	9	—	
Art Gallery's	2	—	1	—	
Town Hall Superintendent's	2	—	—	1	
Totals	658	223	94	39	101
For other local authorities	—	19	—	—	1
GRAND TOTALS ..	658	242	94	39	103

NOTE— * 124 of the 346 medical questionnaire forms examined are also included as medical examinations arranged. The staff concerned are day nursery staff who are medically examined by the departments' own medical staff and also complete a medical questionnaire.

† The Transport Department have their own medical officer who examines the medical questionnaire forms of administrative staff.

‡ The medical questionnaire forms of entrants into the service of the Education Department are examined within the School Health Service.

MENTAL HEALTH SERVICE

Administration

Mental Health Sub-Committee

The Mental Health Sub-Committee, consisting of 17 members, is responsible, through the Health Committee, for the operation of the Council's scheme under the Mental Deficiency Acts, 1913/1938, and the Lunacy and Mental Treatment Acts, 1890/1930, as amended by the National Health Service Acts, 1948/1952. Meetings of the Sub-Committee are held monthly.

The Medical Officer of Health is approved by the Minister of Health for the purpose of making recommendations for voluntary and temporary treatment under the Mental Treatment Act, 1930. In addition to the Medical Officer of Health, the Deputy Medical Officer of Health, the Senior Medical Officer (Administrative) and the Assistant Medical Officer (Administrative and Medical) are authorized by the local health authority to give medical certificates accompanying petitions to judicial authorities for Orders under the Mental Deficiency Acts, 1913/1938.

In anticipation of the implementation of the Mental Health Act, 1959, and in order to meet the future requirements of the Service, the approved assignment field staff has been increased; the City has been divided into three districts and the title "duly authorized officer" has been superseded by the title "mental welfare officer."

The object of the district system is to provide the City with three closely-knit teams of mental welfare workers and to enable closer supervision of the work to be carried out. The district teams are headed by a district mental welfare officer responsible to the Medical Officer of Health, through the Senior Medical Officer (Administrative) and the Senior Administrative Assistant, Mental Health Service, for the work of the team in relation to the initiation of proceedings for the care and treatment of persons suffering from mental illness in connection with the Council's responsibilities under Section 30 of the Mental Deficiency Act, 1913, as amended. Each district team consists of, in addition to the district mental welfare officer, one mental welfare officer and two mental health visitors. The mental welfare officers undertake, primarily, the initiation of proceedings in relation to mental illness, but also have an increasing part to play in the supervision of mental defectives and, in certain cases, in the care and after-care of mental illness; the mental health visitors are responsible for mental deficiency work only. Two of the district mental welfare officers are qualified on grounds of experience and one holds the qualifying officer's certificate. Of the three mental welfare officers, one, the senior female, is qualified on grounds of experience, one was appointed after completing a year's in-service training and one is at present a trainee. The two female mental health visitors are all qualified on grounds of experience, and two have qualifications in mental or mental deficiency nursing.

To complement the district system there is an assignment of a senior psychiatric social worker and three psychiatric social workers to carry out work in the prevention, care and after-care of mental illness. The psychiatric social workers are attached to the district teams, and the senior psychiatric social worker is responsible for the co-ordination of their work. At the beginning of the year, this work was carried out by three qualified psychiatric social workers and a social worker. During the year one psychiatric social worker was appointed senior psychiatric social worker and two left the service, one to marry and one to take up a post in the United States of America. By the end of the year it had not been possible to secure replacements.

In December, the approved assignment of field staff was increased by one psychiatric social worker and three trainee mental welfare officers.

No part-time staff are employed.

The following table gives details of staff employed in the junior training centres:—

Junior training centre staff

Junior training centre	Supervisors	Assistant supervisors	Nursery assistants	Domestic helps	Part-time guides	Stoke
Ancoats	1	2	1	1	1	—
Blackley	1	4	1	3	2	—
Victoria Park	1	7	1	3	2	1
Wythenshawe	1	3	1	1	2	—
Totals	4	16	4	8	7	1

One member of the staff is recognized as being qualified on grounds of experience, and eight hold the diploma of the National Association for Mental Health.

Adult training centre staff

Centre	Instructor	Deputy instructor	Assistant instructors	Part-time guides
Adult industrial centre	1	1	2	2

The Instructor, Adult Industrial Centre, is additionally appointed supervisor of handicrafts and occupational therapy for adult and junior training centres and for Langho Colony for sane epileptics. He is responsible for visiting the establishments involved for the purpose of co-ordinating, under the direction of the Medical Officer of Health, the various handicrafts and occupational therapy activities with the object of achieving the fullest possible application of those activities to children and adults in the care of the Health Committee.

Co-ordination with hospitals

The number of mental defectives on the Regional Hospital Board's waiting list showed a slight rise, being, at the end of the year, 111 compared with 100 at the end of 1958.

In considering the size of the waiting list, it must be borne in mind that of the 111 given above, 37 mental defectives are, in fact, resident in special hospital accommodation but remain on the waiting list for permanent institutional care.

The following table gives details of the sex, age and type of cases on the waiting list, together with an indication of the period of time which these patients have been waiting for admission:—

**Type, age and sex distribution of mental defectives
awaiting hospital admission**

Time on waiting list	Males								Females								Totals
	Under 16				Over 16				Under 16				Over 16				
	(a)	(b)	(c)	(d)	(a)	(b)	(c)	(d)	(a)	(b)	(c)	(d)	(a)	(b)	(c)	(d)	
4 years	2	9	2	1	1	3	1	—	4	1	—	—	3	7	8	6	48
3 years	3	—	2	—	1	—	1	2	2	1	1	—	—	—	—	1	14
2 years	3	1	—	—	—	—	—	—	1	2	1	—	—	—	—	—	8
1 year	2	4	—	1	—	—	1	—	5	—	1	1	—	1	1	—	17
Under 1 year	1	4	3	2	—	—	1	1	6	—	3	—	—	2	—	1	24
Numbers on waiting list at 31st December, 1959 ..	11	18	7	4	2	3	4	3	18	4	6	1	3	10	9	8	111

(a) cot and chair cases
(b) ambulant low grade cases

(c) medium grade cases
(d) high grade cases

84 patients were admitted to mental deficiency hospitals as shown in the following table:—

Mental defectives admitted to mental deficiency hospitals during 1959

Method of admission	Males		Females		Totals
	Under 16	Over 16	Under 16	Over 16	
Application	—	4	—	4	8
Order by parent	—	1	—	—	1
Court Order	—	—	—	—	—
Order of the Secretary of State ..	—	2	—	1	3
Order of safety	—	—	—	—	—
Long-term care	10	6	12	7	35
Emergency order	1	—	—	—	1
Admission	11	14	6	5	36
Totals	22	27	18	17	84

In addition, seven patients were admitted to special hospital accommodation but remained on the Regional Hospital Board's waiting list.

Details of admissions to mental hospitals appear in the section dealing with Lunacy and Mental Treatment Acts.

As in previous years, there has continued to be close collaboration between the Mental Health Service and mental deficiency hospitals in the provision of domiciliary reports and in the supervision of patients on licence. The following table gives details:—

Social history, progress, licence and recertification reports

Type of report	Males		Females		Totals
	Under 16	Over 16	Under 16	Over 16	
Social history	32	30	20	20	102
Progress	—	19	—	14	33
Licence	4	73	1	49	127
Recertification	4	70	5	41	120
Totals	40	192	26	124	382

Voluntary associations

No duties were delegated to voluntary associations, but there is co-operation with the National Association for Mental Health for the provision of holiday accommodation for pupils of training centres and for the training of staff.

The use of voluntary homes for the provision of short-term care has continued to make an important contribution to the care of mental defectives. In 61 cases, compared with 57 in 1958, the cost of short-term care for periods up to two months was met by the Corporation. For this purpose, use was made of Redcourt Approved Home, Glossop; Broomgrove, Victoria Park, Liverpool; Dr. Barnardo's Home, Holbrook, near Derby; the Approved Home attached to the Manchester and District School for Jewish Handicapped Children; Loppington House, Wem, Shropshire, and Orchard Dene Short-stay Home, Rainhill, near Liverpool, where, as in previous years, a bed was reserved during the months of June, July and August.

In co-operation with the Blackburn Convalescent Home, St. Annes-on-Sea, "Beachways," Southport, and the Sundial Home, Hallaton, convalescence was provided for 11 patients discharged from mental hospitals.

Training of staff

One member of the training centre staff has again been seconded to the annual National Association for Mental Health Course for Teachers of the Mentally Handicapped, and two members attended the refresher course held in London. In an endeavour to increase the ratio of qualified to unqualified staff, it has been decided to increase from one to four the number of staff seconded to the annual course.

For the fourth year running a member of the staff attended the National Association for Mental Health Refresher Course for Mental Health Workers held in Leeds, and approval was given for a further member to attend the fifth course commencing in September, 1960.

Work in the community

Prevention, care and after-care

The following table gives details of the work done in relation to the prevention, care and after-care of mental illness :—

Care and after-care of mental illness

	Males	Females	Totals
Number of visits or interviews	675	1,304	1,979
Removed from care	67	114	181
Referred for medical report :—			
(a) to general medical practitioner	4	5	9
(b) to psychiatrists or clinics	15	32	47
Interviews with other agencies, departments or employers	62	113	175
Totals	823	1,568	2,391

This work was seriously handicapped by the loss of one psychiatric social worker in February and a second one in September. It has proved impossible to replace these workers and the prospect held out in 1958 of an increase in case-work and its intensification in selected cases has proved beyond the powers of the remaining staff.

It has been possible, however, to continue specialist consultations on a sessional basis in the Town Hall by the Consultant Psychiatrist, Dr. E. Howard Kitching.

Liaison with mental hospitals in the Manchester area in matters concerning the after-care of discharged patients has been satisfactorily maintained.

In certain cases breakdowns in mental health, due to bad housing conditions, have been averted by medical priorities for re-housing.

Lunacy and Mental Treatment Acts

Lunacy and Mental Treatment Acts, 1890-1930

(a) notifications

Source of notification	Males	Females	Totals
General medical practitioners	256	344	600
Hospitals and clinics	88	97	185
Police authorities	33	21	54
Other Corporation departments	10	19	29
General public	22	21	43
Other sources	8	4	12
Totals	417	506	923

(b) disposal of cases notified

	Males	Females	Totals
Hospital admission—			
(a) observation	206	291	497
(b) voluntary	69	49	118
(c) temporary	—	—	—
(d) certified	35	49	84
(e) informal	17	18	35
Referred to other departments or agencies	29	41	70
No further action necessary	61	58	119
Totals	417	506	923

(c) disposal of patients admitted to mental hospitals for observation

Disposal	Males	Females	Totals
Voluntary	84	121	205
Certified	49	53	102
Discharged	46	64	110
Informal	14	21	35
Died	9	2	11
Not complete	4	30	34
Totals	206	291	497

(d) patients admitted direct into mental hospitals

	Males	Females	Totals
Voluntary patients	109	140	249
Informal patients	30	41	71
Totals	139	181	320

In addition, 59 patients were dealt with on behalf of other local health authorities.

Voluntary and informal patients comprise 68 per cent. of all admissions.

The number of visits made by mental welfare officers was 4,387.

Mental Deficiency Acts, 1913/1938

Ascertainment

Ascertainment	Males		Females		Totals
	Under 16	Over 16	Under 16	Over 16	
Particulars of cases reported during 1959—					
(a) Cases ascertained to be defectives "subject to be dealt with"—					
Number in which action taken on reports by:—					
(1) Local Education Authorities on children:—					
(i) while at school or liable to attend school	31	—	29	—	60
(ii) on leaving special schools	1	3	2	5	11
(iii) on leaving ordinary schools	—	—	—	—	—
(2) Police or by Courts	—	—	—	—	—
(3) Other sources	5	10	7	12	34
Totals	37	13	38	17	105
(b) Cases reported who were found to be defectives but were not regarded as "subject to be dealt with" on any ground	—	18	1	17	36
(c) Cases reported who were not regarded as defectives and are thus excluded from (a) or (b)	—	2	—	2	4
(d) Cases reported in which action was incomplete at 31st December, 1959, and are thus excluded from (a) or (b)	2	7	3	6	18
Totals of 1 (a) to (d) inclusive	39	40	42	42	163
Disposal of cases reported during 1959—					
(a) Of the cases ascertained to be defectives "subject to be dealt with" (i.e. at 1 (a)), number:—					
(i) placed under statutory supervision	37	12	37	14	100
(ii) placed under guardianship	—	—	—	—	—
(iii) taken to "places of safety"	—	—	—	—	—
(iv) admitted to hospitals	—	1	1	3	5
Totals	37	13	38	17	105
(b) Of the cases not ascertained to be defectives "subject to be dealt with", (i.e. 1 (b)), number:—					
(i) placed under voluntary supervision	—	18	1	17	36
(ii) action unnecessary	—	—	—	—	—
Totals	—	18	1	17	36
(c) Cases reported at 1 (a) or (b) above who removed from the area or died before disposal was arranged	—	—	—	—	—
Total of 2 (a) to (c) inclusive	37	31	39	34	141

Forms of care at 31st December, 1959

Type of care	Number of patients	Percentage of total cases
Statutory supervision	1,088	42
Voluntary supervision	263	10
In hospitals (including patients on licence)	1,237	48
In places of safety	—	—
Under guardianship	15	—
Totals	2,603	100

Removals from supervision

In all, 141 persons were removed from supervision during the year ; 119 were removed from statutory supervision and 22 from voluntary supervision

Reasons for removal are as follows:—

Removal of mental defectives from supervision

Reason for removal	Males		Females		Total
	From statutory supervision	From voluntary supervision	From statutory supervision	From voluntary supervision	
Capable of managing themselves and their affairs	15	4	13	2	34
Notification under Section 57 of the Education Act, 1944, cancelled	—	—	1	—	1
Transferred to voluntary-statutory supervision	2	1	1	—	4
Transferred to other authorities	5	1	9	5	20
Lost sight of	4	6	4	1	15
Died	6	—	3	—	9
Other causes	38	2	18	—	58
Totals	70	14	49	8	141

Training centres

Junior training centres are in operation at Ancoats, Blackley, Victoria Park and Wythenshawe. Although classed as junior training centres, pupils of all ages attend but, in the future, with an increase in training facilities for adult mental defectives, attendance at the junior training centres will, in the main, be restricted to the under-sixteens.

On 5th January the Ancoats Junior Training Centre was transferred to alternative premises in Lotherton Street, Harpurhey, in order to provide improved facilities for pupils and staff.

Junior training centres
Number of pupils on register at 31st December, 1959

Training centre	Males		Females		Totals
	Under 16	Over 16	Under 16	Over 16	
Ancoats	9	7	10	4	30
Blackley	21	1	26	8	56
Victoria Park	44	6	31	23	104
Wythenshawe	17	6	19	9	51
Totals	91	20	86	44	241
Number awaiting vacancies	4	—	3	—	7

Adult training centre
Number of pupils on register at 31st December, 1959

Training centre	Males		Females		Totals
	Under 16	Over 16	Under 16	Over 16	
Adult Industrial Centre.. .. .	—	37	—	—	37
Number awaiting vacancies	—	21	—	—	21

In addition, 8 Manchester pupils daily attend the Manchester and District school for Jewish Handicapped Children.

The average attendance at all training centres was 76 per cent.

With the co-operation of the School Meals Service, mid-day meals are supplied to the pupils at a cost of 6d. each per meal. In cases of financial hardship, meals are provided free of charge. Each pupil under the age of 6 years receives $\frac{1}{3}$ pint of milk free each day, and the older pupils have cups of tea.

Medical examinations of all pupils aged 16 years and over were carried out by the Department's medical staff and, by arrangement with the Education Committee, the examination and treatment facilities of the School Health service are available to training centre pupils of school age.

In June, 1959, a party of 27 pupils and 4 supervisory staff spent a pleasant week at the National Association for Mental Health home at Rhyl. Each centre had its open day for parents and friends and, at the Victoria Park Junior Training Centre, the event was combined with the annual Rose Queen festival.

Adult Industrial Centre

Considerable progress has continued to be made in the training of male mental defectives attending the centre. This training has resulted in the attainment of a proficiency in manual skills which would have been considered impossible three or four years ago.

Development of the Mental Health Service

As required by Ministry of Health Circular 9/59 of 4th May, 1959, the City Council has reviewed its existing mental health services and has approved in principle, the manner in which they should be developed.

Junior training centres

Making allowances for a net annual increase of 25-30 in the number of mentally defective children in the City, and the fact that, under the Mental Health Act, 1959, attendance at junior training centres will be compulsory, it is estimated that by 1963 it will be necessary to provide approximately 400 places in centres with full facilities for such children no matter what the degree of handicap, provided they are suitable for care in the community.

To this end, the following schemes are proposed:—

1. The extension of the purpose-built Blackley Junior Training Centre to provide an assembly/dining hall, giving more adequate facilities for the 64 pupils.
2. The replacement of the Wythenshawe Junior Training Centre by a specially designed centre for 100 day pupils (including a unit for 20 mentally defective children with additional physical handicaps) and for 32 residential pupils.
3. The replacement of the Victoria Park Junior Training Centre, at present inadequately accommodated in an adapted house, by a purpose-built centre for 120 pupils.
4. The replacement of the present Ancoats Junior Training Centre by a purpose-built centre for 84 pupils, including a unit for 20 mentally defective children with additional physical handicaps.
5. The provision of a fifth centre, probably in the Hulme area, to accommodate 64 pupils.

Adult training centres

It is estimated that the potential number of pupils for attendance at adult training centres in the City is 370, and it is proposed that the needs of adult mental defectives should be met by the provision of two adult training centres to replace the present Adult Industrial Centre.

One centre, with accommodation for 100 males and 60 females, will be provided by the adaptation of large premises in Ancoats; the scheme also includes residential accommodation for 16 males.

A second centre for 210 pupils will be provided later in the development programme.

Hostels

In order to arrive at an estimate of the amount of residential accommodation required, the Regional Hospital Board was approached and provided figures of Manchester patients in mental and mental deficiency hospitals who would be suitable for discharge providing that accommodation were available for them in the community. Using these figures as a basis, it would appear that places will be required for some 300 patients, this number of places being provided by 10 hostels of 30 places each.

It was considered that 4 of these hostels, to cater for the needs of the elderly mentally disordered, could be provided under the aegis of the Welfare Services Committee and that the six remaining hostels, with a total number of 180 places, should be administered by the Health Committee. Taking into account the residential accommodation to be provided in conjunction with the schemes for the new Wythenshawe Junior Training Centre and the new Adult Industrial Centre, giving accommodation approximately equivalent to one hostel, the number of hostels required to be provided by the Health Committee will be five of 30 places each.

Day centres and Clubs

It is proposed that two centres and clubs, catering for the needs of 60 patients each, should be provided, one to serve the north and one to serve the south of the City. It is proposed that these centres and clubs should be sited within easy access of the appropriate residential accommodation and should provide facilities for psychotherapy, group therapy and occupational and work therapy, together with adequate waiting and interviewing rooms.

Staffing

It is anticipated that the approved assignment will be filled early in 1960 with the exception of some of the posts for psychiatric social workers to which it will probably be necessary to appoint experienced social workers. It is considered, however, that as the Service develops it will be necessary to provide further three trainee mental welfare officers and two psychiatric social workers, bringing the total number of mental health field workers up to 25.

Co-operation

In order that discussions might take place on the integration of the various schemes for mental health services in Manchester, arrangements are to be made for a meeting between representatives of the Corporation, the Board of Governors of the United Manchester Hospitals, the Manchester Regional Hospital Board, the Manchester Executive Council and the Local Medical Committee.

HEALTH EDUCATION

It is a recognized fact that the Public Health Service has exceptional opportunities for health education and full advantage is taken of these by the Department's staff of medical officers, health visitors, midwives, mental health workers and public health inspectors when they visit the public in their homes or see them in clinics and centres. They are able by personal contact and advice to promote a better understanding of matters of hygiene and problems of health and so ultimately to assist the public to achieve better health.

The Department ensures that the staff themselves are kept well-informed and up-to-date by the means of in-service training and periodical attendance at refresher courses. To help the staff in their work, a variety of visual aids are available to hold the interest of audiences when lectures are being given. These audiences consist mainly of expectant mothers or parents with young children and lectures are given to parents attending the evening clubs organized through the welfare centres. In addition talks are also requested by various organizations in the City, the ages of whose members have ranged from teenagers to old-age pensioners.

The training requirements of hospital student nurses, as set out in the regulations of the General Nursing Council, are met by the Department's staff who also give advice and instruction on health topics and the work of the health visitor to many others who request it. To keep abreast of these needs every member of the health visiting staff attends a refresher course of two weeks' duration at least once every five years, arranged by either the Royal College of Nursing or the Women Public Health Officers Association. A two day refresher course is arranged annually within the Department and the theme of the course is chosen to meet the health visitors' special requirements and to include any new developments or legislation relevant to their work. Additional, special, short courses are attended when considered appropriate by the Medical Officer of Health. The following short courses were attended during the year:—the promotion of mental health; three-day conference on the Mental Health Act, 1959; study course on mental health; several post certificate courses on teaching methods in health education.

Training is also received by the staff in screening tests of hearing in babies and young children. In addition to carrying out this work as a routine in the child welfare centres and on home visits, members of staff attend on a rota for a month at one of the 4 child welfare centres specially equipped for more detailed tests; such attendance helps to keep them in good practice. It is considered to be a particularly good form of health education in preventive work for parents to see their children tested in this way and to have the significance explained to them.

A Parentcraft Teaching Exhibition, which is divided into different sections is distributed around the child welfare centres so that each centre receives a different section of the Exhibition every two weeks. It consists of approximately 56 sections covering all aspects of their teaching programmes. There is also a library of posters included in the exhibition material and this is available on loan for illustrating talks.

A liberal supply of posters and supporting leaflets are obtained from the Central Council for Health Education and the Royal Society for the Prevention of Accidents for distribution to mothers attending the centres. During the year, a number of triptych exhibition peg-boards were purchased from the Central Council for Health Education for use in the display of posters and other teaching material at the centres. For the mothercraft classes, each centre has been supplied with a large-scale birth atlas and the equipment needed for practical demonstrations. The staff themselves make garments and prepare other demonstration material. Health education film-strips are used and flannelgraphs, some of which are purchased and others which are made specially by the staff, are used extensively for teaching purposes.

Recent developments in the health education field have included the holding of mothercraft classes in the ante-natal clinic of a maternity hospital twice weekly, and once weekly at Knowle House. At one child welfare centre a weekly discussion group has been formed from the mothers attending and this is considered to be an excellent and effective way of discovering some of the problems which persons attending wish to discuss.

The Central Council for Health Education's monthly magazine "Better Health" continued to be distributed to the public through the child welfare centres and school health clinics; 2,000 copies were distributed each month. Also, Departmental publications "Infectious Diseases," "The Family Welfare Service" and the "Health Services of the City" were made available.

The importance of diphtheria and whooping cough immunization and smallpox and poliomyelitis vaccination has continued to be stressed throughout the year by the health visitors in their talks to mothers and also by the use of posters and leaflets obtained from the Ministry of Health. Advertisements about diphtheria immunization have been inserted in the Church of England and Roman Catholic programmes for the Whit-week processions and also in the Wythenshawe Civic Week brochure. These advertisements, however, only appear during one particular month but every effort is made by the health visitors and other staff to educate the public on the importance of having their children fully immunized and vaccinated at an early age.

The following is a summary of the educational work undertaken in the child welfare centres and by the Health Department, generally:—

- (a) Lectures were given to social and business organizations by members of the medical, health visiting, mental health and sanitary services staffs as follows:—12 to old people's clubs; 3 to women's co-operative guilds; 1 to a young wives' club; 1 to a young women's fellowship; 2 to a Jewish women's discussion group; 1 to the Union of Catholic Mothers; 1 to a young mothers' club; 1 to the National Federation of Business and Professional Women's Clubs (Manchester Club); 1 to licensed house staffs; 1 to the Institute of Heating and Ventilating Engineers; 1 to the Manchester High School for Girls; 1 to the Didsbury Veterans Club; 1 to Manchester and District Butchers' and Meat Traders' Association; 4 to catering establishments. Lectures were also given by a health visitor who is attached to the Diabetic Clinic to the following:—1 to a group of social workers; 2 to an occupational health nurses' section; 1 to the Manchester Branch of the Diabetic Association.
- (b) 3 courses of lectures in mothercraft (36 lectures in all) were given to women with young children, in H.M. prison for child neglect. A special course on mothercraft for Borstal girls has been commenced at H.M. prison, Strangeways. The girls are aged from 15 to 20 years and are either expecting babies or have already had a baby.
- (c) Lectures and practical experience were given to student nurses of local hospitals; 344 students in eleven groups attended one lecture on the Social Aspects of Disease; 191 students in seventeen groups attended one lecture on the work of the public health nurse; 137 students spent a half-day on the district with the health visitors; 86 student nurses spent a half-day at a child welfare centre infant clinic.
- (d) 5 lectures were given to student health visitors on "Development and care of the normal child" arranged by the Mental Health Section.
- (e) 95 medical students from the Department of Child Health, St. Mary's Hospital, attended a day nursery and an infant clinic at a child welfare centre.
- (f) 7 doctors studying for the Diploma in Child Health attended 35 sessions at child welfare centre infant clinics.
- (g) Visits of observation to maternity and child welfare centres were made by the following:—56 second year students from a nursery nurse training centre; 12 Princess Christian Training College students; 11 district nurse students and 1 student teacher.
- (h) 1 student from the Department of Social Administration, Manchester University, spent one day a week for 7 weeks at a child welfare centre and visited on the district with a health visitor. Another senior student spent 7 days with the Welfare Officer for unmarried mothers, to gain experience in that Section.
- (i) A State Registered Nurse spent a week at a child welfare centre and visited with a health visitor on the district.
- (j) 20 nursing cadet students visited a child welfare centre and were given a talk by the Centre Superintendent on the activities at the centre and a brief description of the work of the health visitor.
- (k) 3 hospital social welfare trainees spent two days in the central office and were given talks by senior administrative staff. Two days were spent at various child welfare centres with the centre superintendents and visiting on the district with health visitors to get an insight into their work.
- (l) 53 students and 6 tutors attended the Monsall Cleansing Clinic for a talk on the work of the Clinic.

- (m) Periods of observation and practical work in the Mental Health Service were arranged for:—39 student health visitors; 18 student teachers from Manchester Training College; 10 social science students from Manchester University; 9 students for the Diploma Course of the National Association for Mental Health; 3 trainee welfare workers from Manchester Regional Hospital Board; 2 student nurses; 1 teacher from a special educational school (partially deaf unit); 1 student psychiatric social worker from Manchester University and also one student psychiatric social worker from the University College of Swansea.
- (n) Lectures were arranged by the Mental Health Service for the following:—1 to students from the Department of Social Administration and 1 to students from the Extra-mural Department of Manchester University. The Senior Psychiatric Social Worker conducted seminars in connection with students taking Part II of the refresher course for mental welfare officers arranged by the National Association for Mental Health in conjunction with Leeds University.
- (o) Visits to the Department and departmental establishments were made by the following: Visitors from the Department of Public Health, Yamaguchi University, Japan; a student from Gibraltar; the Director of the Institute of Social Self-management of the People's Republic of Croatia, Yugoslavia; a health officer from Johannesburg, South Africa; a party of local government officers from Denmark; a party of journalists from Germany; a teacher from Sweden; a doctor from Milan; a doctor from Turkey; a social worker from Jerusalem; a nursing sister from the West Indies and four doctors from Thailand.

AMBULANCE AND TRANSPORT SERVICE

Ambulance Service

General

The most important event affecting the Ambulance Service during the year was the opening of a new sub-depot in the Wythenshawe area of the City; it provides covered garage accommodation for 10 vehicles with adequate office, staff rooms and stores, and is centrally heated by gas-fired boilers.

When this new sub-depot became operational, in June, 2 temporary ambulance sub-depots were closed down and the consequent re-deployment of staff and vehicles enabled some economy to be achieved in vehicle mileages.

Once again the Ambulance Service has been called upon to convey more patients than in the previous year. This annual increase has been evident in every year since 1949, with the exception of 1957.

At the end of the year the ambulance fleet consisted of the following vehicles:—

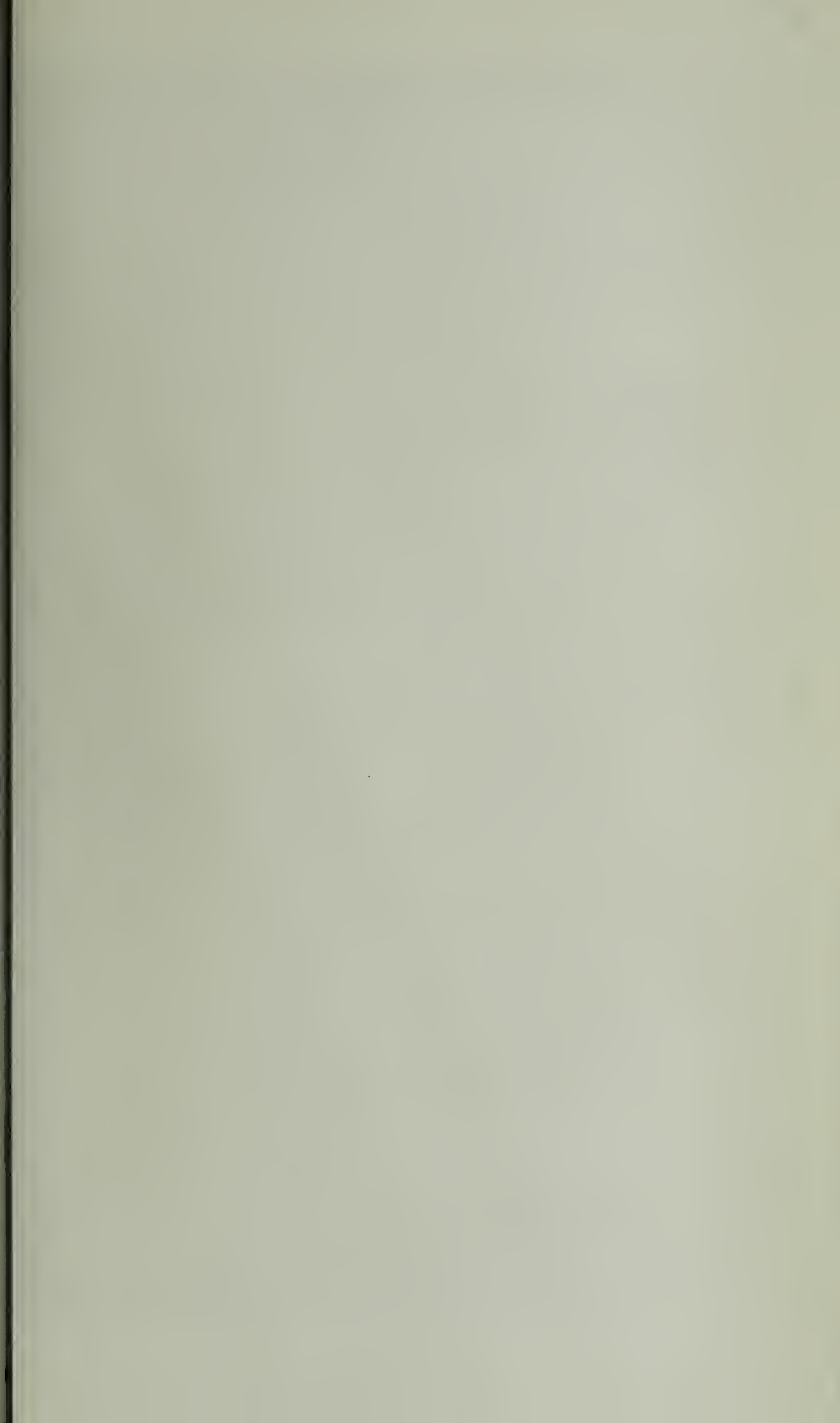
47 two-stretcher ambulances
19 one-stretcher dual-purpose vehicles.

Operational record

	1959	1958
Number of journeys	95,133	86,297
Number of patients	232,258	211,010
Mileage of ambulance fleet	973,143	920,426
Mileage of pool cars	10,646	11,482
	<u>983,789</u>	<u>931,908</u>

Analysis of cases removed

	1959	1958
Accidents	12,356	11,521
Infectious	2,739	2,746
General	217,163	196,743
	<u>232,258</u>	<u>211,010</u>





main journeys

The policy of arranging the transport of patients by rail in appropriate cases has been continued, and 492 such journeys were arranged. Ambulance service transport is provided to convey the patients to and from the railway stations and full and effective co-operation is given by British Railways to ensure the comfort of the patients during the railway journeys.

The increasing use of diesel and electrical services by British Railways, however, is beginning to present problems, particularly with regard to the transfer of stretcher cases.

radio control

The number of Ambulance Service vehicles fitted with radio equipment was increased by 4 during 1959, to a total of 57, as replacements were obtained of old ambulances with 6-volt electrical systems in which radio equipment had not been fitted. This policy will be repeated in the next 2 years until the fleet is radio equipped.

Despite an increase in the number of patients moved and in the operating mileage in 1959 compared with 1958, the mileage per patient has been reduced from 4.41 in 1958 to 4.19 in 1959.

staff

The number of authorized operational staff has remained constant and when vacancies have arisen no difficulty has been experienced in obtaining replacements.

First aid training has continued and, of the 147 operational staff, all except new entrants into the service have qualified or re-qualified during the last years.

Ambulance drivers, together with other drivers employed in the Health Department, again entered the National Safe Driving Competition. This helps maintaining the high standard of driving expected from the staff of the service; of 136 entries, 115 qualified for awards, 5 men leaving the service during the course of the year and 4 men not qualifying for entry due to lengthy absences from duty through sickness.

hospital car service

The transport of walking cases to and from out-patient clinics and convalescent homes has been augmented by the use of hospital car service volunteers. The work carried out by the 16 drivers normally available was as follows:—

Journeys	5,479
Patients	14,508
Mileage	130,814

fire defence

Standard and refresher training in the work of the Ambulance and Casualty Collecting Section has been carried out weekly at 4 training centres accessible to volunteers from the various suburbs. The standard training syllabus extends for a period of approximately 6 months; 30 volunteers completed the course and commenced more advanced training in first-aid, the handling of casualties, ambulance loading and operational procedure. 3 full first-aid courses were arranged and 45 volunteers in the Section passed the examination and were awarded certificates.

Driving instruction by a school of motoring was given to certain volunteers who completed the standard training course referred to above; 7 volunteers passed the driving test. These and other volunteer drivers have been afforded opportunities at regular intervals of becoming proficient ambulance drivers. Several exercises in map reading and convoy work have been well attended at. A number of small-scale outdoor exercises were held in April, May and June to teach the volunteers the practical application of their training.

Large-scale divisional exercises in preparation for the National Competition in which Manchester entrants were finalists, were held at Stockport, Liverpool and Preston. The final test for Manchester was staged at the Home Office Civil Defence Training School, Easingwold, Yorkshire, on Sunday, 31st May. The winners of the competition were Bristol, Manchester being placed seventh. There were 13 teams selected from England, Scotland, Wales and Northern Ireland.

A team of 6 volunteers from the Section competed in the North West Regional Tourney at Belle Vue on Saturday, 11th July, and were placed twelfth out of 23 competing teams.

20 volunteers from the Section rendered excellent service as stretch bearers at the Manchester Regional Hospital Board's Forward Medical Aid Unit Competition which was held at Belle Vue on Sunday, 27th September.

Municipal car pool

The municipal car pool, consisting of 2 limousine cars and 6 saloon cars, has continued to be administered and operated by the Ambulance and Transport Service. These cars are used by various committees and officials of the Corporation, including officers of the Mental Health Service conveying patients to hospitals, such journeys being included in the Ambulance Service statistics. The operating mileage for the year was 92,616 compared with 84,908 in the preceeding year.

Commercial vehicles

Three vans were operated for the Health Committee. The mileage run was 41,335, including 10,966 on the Disinfection Service.

Disinfection service

A disinfection station forms part of the Monsall Sub-depot and 2 steam disinfectors are used for the disinfection of clothing and bedding. In addition a formalin chamber is used for articles which cannot be subjected to the steam process. One of the commercial vehicles is utilized as a bedding van for the collection of infected bedding, clothing, etc., and has been designed so as to ensure that complete disinfection of the interior can be carried out before being put into service for the return of disinfected articles. The disinfection of 22,139 articles was completed, this total consisting of the following:—

Blankets	2,332
Sheets	115
Pillows	524
Bolsters	8
Quilts	14
Mattresses	717
Beds	12
Articles of clothing	10,189
Library books	588
Bales of cotton waste	1,207
Miscellaneous	6,433
	<hr/>
	22,139

munization unit

The mobile immunization unit continued to operate for immunization against diphtheria and whooping cough and in some cases for vaccination against poliomyelitis, of children whose parents could not bring them to child welfare centres. In addition, special visits were made to those areas where the percentage of immunized pre-school age children was low.

The operating mileage of this vehicle was 8,237 miles compared with 8,231 miles in the previous year.

clinic

A clinic for the treatment of persons suffering from scabies and verminous conditions is situated at Monsall Sub-depot, and the following figures show the number of treatments given:—

Scabies	469
Verminous conditions (including 525 school children)	1,110

operating mileage

The total mileage operated by the various sections of the Ambulance and Transport Service in 1959 was as follows:—

Ambulance Service	973,143
Municipal Car Pool	92,616*
Commercial vehicles	30,369
Bedding van	10,966
Immunization Unit	8,237
	<hr/>
	1,115,331

* Includes 10,646 miles in respect of pool cars utilized in the ambulance service.

LANGHO COLONY FOR SANE EPILEPTICS

(Administered and maintained by Manchester City Council, under the terms of Part III of the National Assistance Act, 1948)

STAFF:

- G. A. Thompson, M.R.C.S.(ENG.), L.R.C.P.(LONDON) .. Medical Superintendent
- Henry W. Hayward, S.R.N., R.M.N., B.T.A. Matron
- S. A. C. Bunn, F.C.C.S., A.H.A. Secretary-Steward

On the 31st December, 1959, there were 229 male and 253 female residents; these, 176 were chargeable to the Corporation of Manchester, and 306 chargeable to other authorities, as far afield as Cardiff, Durham, Edinburgh and London.

Again, owing to the programme of modernization of the homes, the number of admissions had to be restricted, excepting Manchester cases who were admitted immediately, but there is a substantial waiting list of applicants for admission from other areas.

Steady progress has been made with the scheme for modernizing the home which it is hoped will give the Colony a more homelike atmosphere and eliminate completely any institutional outlook; one male and one female home have been fully modernized and a further male and a female home will be completed in the very near future. Unfortunately, residential homes such as the Colony are still required for persons suffering from epilepsy who, because of the nature of their illness and social or domestic difficulties, are unable to adjust themselves to life outside and so require a more sheltered environment. In spite of intensive research into the problems of epilepsy, in a large majority of cases the condition can only be controlled by adequately supervised medication, and it can be said that the Colony is in the forefront in the application and investigation of new anti-convulsant drugs as they are discovered and developed. Great use continues to be made of the newer tranquillizers, which have been found to be of great value in the control of the excitable and emotional states to which some persons suffering from epilepsy appear to be especially prone. In addition to the usual medical and nursing attention, the residents have the benefit of visits by a dental surgeon, an ophthalmic optician and a chiropodist; these services are greatly appreciated, especially by the older residents.

The following table of statistics relates to residents in Langho Colony during 1959:—

(a) The total number of epileptic seizures was 14,552.

	Severe	Slight	Total	Average	Numbers of residents maintained
Males ..	4,134	5,468	9,602	42	229
Females ..	2,407	2,543	4,950	19	253
Totals ..	6,541	8,011	14,552	—	482

(b) The classification of the incidence of seizures is as follows:—

	Males	Females
Increased incidence	44	7
Decreased incidence	67	132
No change	67	48
No seizures during the year	62	64

(c) There were:—

	Males	Females	Totals
Admissions	16	16	32
Re-admissions	14	5	19
Discharges	37	6	43
Deaths	9	4	13

Towards the end of the year, a well-equipped training school for the male and female attendant staff was started, the course of instruction following closely that laid down by the Ministry of Health for nursing assistants, with special emphasis on the care and treatment of persons suffering from epilepsy. At the end of each course there will be practical, oral and written examination, the successful candidates being awarded an illuminated certificate by the Corporation, and an increase in their remuneration. The number of staff

employed at the Colony is, for all practical purposes, up to establishment position not attained for some time) but this is offset to some extent by a high sickness rate. A 44 hour week has been introduced for all attendant staffs, and a five-day week for all other staffs wherever possible. A successful staff dinner and social evening was held in February.

This year, for the first time, and rather in the nature of an experiment, 18 colonists were taken to Blackpool for a week's holiday, 18 colonists attended and 2 members of the staff on each occasion. It was fortunate that extremely satisfactory accommodation was secured and there is little doubt that the "experiment" was an unmitigated success aided and abetted by the glorious weather. The pleasure the holiday gave to some of the residents who had not been away for years was something which had to be seen to be believed.

Visits were made to the Colony by deputations from the county boroughs of Birmingham, Blackburn, Blackpool, Dewsbury, Oldham, Rochdale, St. Helens, Salford and from Middlesex County Council. Without exception, they all expressed extreme pleasure and happiness about the conditions they found at the Colony. Also, on the 18th June, a meeting was held at the Colony of the Blackburn and District Disablement Advisory Committee; the members visited the various departments and, in his vote of thanks, the Chairman expressed great appreciation of all that Manchester Corporation had done for epileptics.

The occupational therapy unit has had a very successful year, and approximately 100 residents are employed there daily. The numbers and types of articles made continues to expand, and four types of contract work have been carried out in the female section for local firms; these include unpacking surgical dressings, stripping and painting pipes and smocking of children's wear. A great number of toys, such as teddy bears and other soft toys of all descriptions, wind-up houses and cricket bats have been made for the day nurseries and children's homes of the Corporation; wooden garden seats, park forms and chain link fencing have been supplied to the Parks and other departments, and many other articles have been made, such as television tables, rugs, mats, upboards, etc. for use in the Colony and for sale. A training class in carpentry has been established, and it can be said that the occupational therapy unit is living up to the high standards that were set when it was first opened. Its aim is to employ and occupy as many of the residents as possible, not only in the occupational therapy unit itself, but in other departments such as shoemaking, tailoring, kitchen, engineering, gardening and domestic work.

The Colony farms have again had a very successful year, and given invaluable training to the residents employed there. The output continues to rise with an increase in stock numbers each year. The present stock consists of 120 head of cattle, based upon an Ayrshire dairy herd, but with the addition of a small proportion of beef-marked calves from the lower producers; 475 head of pigs; 100 head of poultry reared for the production of battery eggs, and suitable fowls taken out of production for the table trade. All the land is now scheduled to be ploughed, with a policy of periodic ploughing-up and re-seeding the less productive fields, and those whose sward is worn out. The wetter parts of the farm are being systematically tile drained; the fields that have been drained over the past few years are now showing great improvement. The soil in each field is periodically analyzed, and a programme to rectify any chemical deficiency uncovered is put in hand.

The usual full programme of recreational activities has been carried out including cricket and football matches by the colonists teams in the Manchester Regional Hospital Football and Cricket Leagues, cricket matches by the Colony team in the Ribblesdale League, and football matches by various Blackburn Rovers' teams. These home games always give great pleasure to the residents especially those who cannot get about much because of age or infirmity. The usual day outings were arranged to Blackpool, Morecambe and Southport and all residents who possibly could went on the trips; the weather was perfect on each occasion, and the Sports Day in July was held in a blaze of sunshine.

At Christmas, there was a full programme of entertainment, including dances, film shows—the cinema now being equipped to give a full cinematograph performance—and a visit to Belle Vue Circus by 323 residents; this latter event was an innovation introduced by the trustees of the Colony Canteen Fund, who paid for the visit. Luxury coaches were provided and, after the circus, there was a special tea. The residents also gave their own concert in the Assembly Hall as part of the Christmas programme.

During the past twelve months, the Ranger Company have had regular meetings, and taken a great interest in the work and training which is prepared for them by their Ranger Captain. They attend all public functions in the town e.g. parades, ceremonies and special gatherings, and this, in itself, is most beneficial, as it creates in them a sense of normal citizenship.

In February, 1959, they entertained the Calderstones and Brockhall hospital companies to a special evening, and in July attended a garden party and sports day at Colne, along with other rangers in the North-East Lancashire Division.

At Christmas, their Captain encouraged them to give pleasure to other residents at the Colony by going into each home carol singing on the eve of Christmas.

The Medical Superintendent expresses again his thanks to all the members of the staff for their support during 1959, and to the members of the Residential Homes Sub-Committee for their unfailing courtesy.

In addition, he would especially like to thank the Chairman of the Residential Homes Sub-Committee for the consideration and assistance he has always given him personally, and for the drive and encouragement he has always shown in the development of the programme of modernizing the Colony and improving and developing the occupational therapy unit.

DR. GARRETT MEMORIAL HOME

The Home, situated on the western bank of the mouth of the River Conway, contains 130 effective beds and affords recuperative sea-side convalescence for Manchester children between the ages of two and fifteen years, usually for a period of six weeks.

The sources from which children are referred to the Home are the school medical service, maternity and child welfare centres, City hospitals and general medical practitioners. The majority of those admitted suffer from general and nervous debility, some form of disease of the respiratory system, or anaemia.

Twenty-two children are conveyed between Manchester and the Home in Conway, North Wales, by chartered omnibus once each week.

It is a very great pleasure to report the fact that 1,020 children were admitted to the Home during 1959. Since the year 1952, when the change-over from fortnightly to weekly admissions took place, admissions have been near the thousand mark but never equalled nor exceeded it. Curtailment of admissions (4 instead of 22) occurred on 5 occasions during the year, due to Sonne dysentery, chicken pox, and streptococcal throats. There was only 1 occasion when no admissions were accepted ; this was due to Sonne dysentery.

Yearly statistics are as follows :—admissions numbered 1,020, plus 21 readmissions from local hospitals, making the total admissions 1,041 compared with 973 in 1958. Of the 1,029 children discharged, 862 were recorded as " fit ", 145 as " improved ", and 22 as " requiring hospital treatment ", 1,012 gained weight during their stay, whilst in the remaining 17, no changes in weight were noted.

The highest number in residence was 139 and the lowest 94 ; the average number maintained was 120 as compared with 118.48 last year. It is estimated that another 4 could be added to the former figure in respect of children taken home by their parents before due discharge date ; 326 children were discharged in such circumstances as compared with 290 last year.

There were 3 incidents of absence without leave, the same number as occurred last year.

Children requiring nursing care in the Home are summarized as follows :—tonsillitis, 47 ; influenza, 40 ; rubella, 7 ; bronchitis, 9 ; sore throats, coughs, colds etc., 78 ; glandular fever, 1 ; otitis media, 12 ; mumps, 7 ; dysentery, 6 ; chicken pox, 25 ; jaundice, 2 ; cystitis, 2 ; whooping cough, 1 ; herpes zoster, 1 ; pleurisy, pneumonitis and bronchiectasis, 4 ; other minor ailments and injuries, 22.

The exceptional sunny and dry summer provided much happiness for the children and they were sent home looking well and bronzed, much to the delight of their parents. The outdoor games continue to be arranged on the beach and playing fields by the wardens, and television, films, musical games and dancing, and simple handicrafts are arranged during the winter months. The many attractions within the walls of the ancient Borough of Conway continue to interest newcomers to the Home.

Recruitment of staff was not satisfactory and the continued shortage together with a shorter working week brought difficulties, especially at holiday times and periods of absence due to sickness.

Buildings have been maintained in good condition. The resident staff are delighted with their bedroom decorations and modern furniture.

Christmas festivities for which all departments were attractively decorated brought the year to an end with much enjoyment. Parties provided for children and staff were again a great success, as was the visit of the Mayor and Mayoress of Conway who distributed sweets on Christmas Eve.

MUNICIPAL HOSTELS

Women's : Ashton House (Corporation Street, Ancoats)
Mrs. A. G. Barber, Manageress.

Men's : Walton House (Harrison Street, Ancoats)
Mr. H. Stainton, Manager.

The municipal hostels are registered as common lodging houses, a term which, in the usually accepted sense, is a misnomer so far as Manchester's municipal hostels are concerned ; they are clean, homely and attractive and every effort is made to make the residents comfortable. There are no irksome restrictions and precautions are taken to keep the establishments free from undesirable characters.

There is accommodation, in separate cubicles, for 210 women and 464 men and the average nightly occupancy was 102 at Ashton House and 388 at Walton House. Comparison with the figures for 1958 shows reduced bookings at both hostels.

It is difficult to trace the decline in attendances to a definite source, but the bookings reached their lowest level during the long spell of good weather experienced last summer, and it may be that more than the usual number of residents sought seasonal work in the coastal areas. By the end of the year bookings at Walton House were almost normal but Ashton House remained only half full, recording the lowest average since 1939 when the nightly occupancy dropped to 95. Attendances averaging from 170 to 190 nightly were maintained between 1940 and 1954, but since then there has been a steady decline which has accelerated during the past two years.

The situation of Ashton House, though very convenient to town, is by no means ideal and the approach from Miller Street is possibly a deterrent to many women who would otherwise use the Hostel.

Facilities provided are similar at both hostels and include, in addition to separate sleeping cubicles, the use of smoke room, lounge, reading room, dining room, kitchen, baths, etc. Lockers are provided free for small personal belongings ; large cases and parcels can be stored at a charge of one penny weekly for each case or parcel deposited.

Cooked meals are provided at reasonable prices and, for those who prefer to do their own cooking, there is a varied selection of groceries available on the premises.

Charges for accommodation are :—

Ashton House : Rent of cubicle 4s. a night or £1 6s. 3d. weekly ;
Walton House : Rent of cubicle 4s. 3d. a night or £1 8s. weekly.

These charges include baths (soap and towel provided) free use of lockers and early calling of residents upon request.

Nursing Services Division

MIDWIFERY
INCIDENCE OF BLINDNESS
CARE OF MOTHERS AND YOUNG CHILDREN
DENTAL CARE
HEALTH VISITING
REGISTRATION OF NURSING HOMES
DAY NURSERIES
TUBERCULOSIS SERVICE
EPILEPSY AND CEREBRAL PALSY
HOME NURSING
DARBISHIRE HOUSE HEALTH CENTRE
CONVALESCENCE
HOME HELP SERVICE
FAMILY WELFARE SERVICE
VENEREAL DISEASES



NURSING SERVICES DIVISION

STAFF

Medical—

Alice I. Burke, M.B., ch.B., D.P.H., Senior Medical Officer (to 14th March, 1959)
 Chaim Alexander Royde, M.D.(Lond.), D.P.H., Senior Medical Officer (from 1st July, 1959).
 Muriel Jane Brayshay, M.B., ch.B.
 Mairin Buckley, M.B., B.Ch., B.A.O., L.M.
 Hilary Eleanor Skillan Crook, M.B., B.S. (to 30th April, 1959).
 Margaret Davenport, M.B., ch.B., D.obst.R.C.O.G., (from 16th March, 1959).
 Annie Margaret Dawson, B.Sc., M.B., ch.B., D.C.H., D.obst.R.C.O.G.
 Margaret Longden Dennis, M.R.C.S., L.R.C.P.
 Florence Maud Duckworth, M.B., ch.B.
 Muriel Hamilton, M.B., ch.B. (from 1st May, 1959).
 Joyce Kathleen Howarth, M.B., ch.B., D.C.H.
 Rosaline Howat, M.B., ch.B.
 Gwendoline Mary Elsie Keevil, M.B., B.S., D.C.H.
 Zena Delilah Maxwell, M.B., ch.B. (from 1st May, 1959).
 Lydia McMurdo, M.R.C.S., L.R.C.P.
 Joyce Elizabeth Anne Ovens, L.R.C.P. & S. (Ed.), L.R.F.P.S.(Glas.), D.obst.R.C.O.G.
 Rachel Daphne Rebecca Sasieni, M.B., ch.B., D.obst.R.C.O.G., D.P.H. (to 31st March, 1959).
 Margaret Isobella Abernethy Smith, L.R.C.P. & S. (Ed.), L.R.F.P.S.(Glas), D.obst.R.C.O.G. (to 31st August, 1959).
 Dorothy Elizabeth Margaret Thomas, M.B., ch.B., D.obst.R.C.O.G.

Nursing—

Miss M. Anderson, R.S.C.N. Supervisory Matron of Day Nurseries.
 Miss A. Forber, S.R.N., S.C.M., H.V. CERTIFICATE, Q.N.—Superintendent of Home Nursing.
 Miss E. L. Gowing, S.R.N., S.C.M., H.V. CERTIFICATE—Superintendent of Health Visitors.
 Miss E. A. Lamb, S.R.N., S.C.M., M.T. DIPLOMA—Non-Medical Supervisor of Midwives.

MIDWIFERY

The City Council is the local supervizing authority for the purposes of the Midwives Act. Supervision is carried out by a non-medical Supervisor of Midwives over all midwives who notify their intention to practise in the City. There are two assistant supervisors to assist in this work and in the day to day running of the Municipal Domiciliary Service.

Supervision of midwives

The Supervisors included in their course of duties during the year the following visits and activities:—

Supervision of labours and nursings	370
Routine inspection visits	187
Investigations	179
Visits to ante-natal clinics	98
Visits to nursing homes	27
Visits to hospitals	12
Visits to midwives, sickness, etc.	38
To Coroner's Court	3
To give lectures	4
To factories	2

Training of midwives

18 municipal midwives and two of St. Mary's district midwives are approved as district teachers for Part II training. This training is operated jointly by St. Mary's Hospital Extern Service and Manchester City Council.

32 pupils were trained during the year, 28 of whom were successful at the first attempt at the examination and 2 at the second. The remaining 2 took the examination again in March, 1960.

Post-graduate courses

Twelve midwives attended recognised courses under rule G.1 of the Central Midwives Board, while arrangements were made for one midwife to undertake a three months refresher course at a hospital under rule G.2.

An assistant supervisor of midwives attended the special course provided for supervisors under rule G.3.

Other educational activities

Students and senior school girls from local schools visiting the Health Department spent a proportion of their time in the midwifery Section, where they were given talks and demonstrations. During the year a course of five lectures was given by the Supervisor of Midwives to girls in the Borstal Institute of H.M. Prison, Strangeways. The Supervisor continued to act as an examiner for the Part II examination of the Central Midwives Board.

Notifications of intentions to practise

236 notifications of intentions to practise were received, the sources being shown in the following table:—

Municipal midwives	Employed on an agency basis	Independent midwives	Maternity homes having no resident medical officer	Training institutions	Total
72	14	4	36	110	236

Domiciliary service

The domiciliary midwifery service at the end of the year comprised 5 full-time and 10 part-time midwives directly employed by the Health Committee. Ten midwives were also employed on an agency basis by the St. Mary's Hospital Extern Service. These figures compare with establishments of 67 and 12 respectively.

The staff position has improved somewhat during the year: 17 new members were welcomed to the service, 7 of whom had been pupils on our districts. Twelve midwives left the service, 7 to take posts in other areas, two due to family reasons, one to become a student health visitor, and 2 who had reached the age of retirement.

The night rota scheme which came into operation on the 15th December, 1958, has continued successfully; all calls for midwives between the hours of 6 p.m. and 6 a.m. are directed to a central office from which the calls received are transmitted to the appropriate midwife on duty. This has been beneficial to patient and midwife alike in that :—

1. The person seeking a midwife is sure of immediate service by telephoning the central office and is not put to the expense of telephoning several midwives before finding one at home.
2. The midwife and her family are not disturbed by the telephone during the night hours when she is not on duty.
3. It has been possible to secure more freedom for the midwives during the evenings and they are able to make social appointments knowing they are free.

In practice each midwife is off duty from 6 p.m. until 6 a.m. nightly on alternate weeks and this has been much appreciated.

It is interesting to note that 4,405 calls to patients were answered between the hours of 6 p.m. and 6 a.m. in the first year of the scheme.

Transport of midwives

28 midwives use private cars in connection with their work and receive allowances in accordance with the National Joint Council Scale.

Transport to and from a delivery is provided for midwives not in possession of their own cars.

Equipment

At the beginning of the year all midwives were equipped with a Minnitt's gas/air apparatus and Emotril trilene machine. Several midwives asked to be relieved of the gas/air apparatus as they found there was no call for it. With Committee approval these were withdrawn; 21 midwives still retain the two types of apparatus.

All midwives are provided with oxygen resuscitators and they are very pleased with results obtained in asphyxiated babies. There have been several cases in which the infant's life was in the balance but within minutes of intra-tracheal insufflation with pure oxygen the baby has become pink in colour and respiration has been successfully established.

Midwives have been supplied with rubberized-linen bibbed aprons which they wear at the confinement.

Ante-natal care.

The midwives hold 31 weekly sessions at 25 ante-natal clinics to which 1,904 midwives attendances were made: there were, in addition, 10 ante-natal sessions per week at which Medical Officers only were in attendance.

Ante-natal visits to patients in their own homes numbered 18,803. These visits and the number of attendances at ante-natal clinics have increased over those in 1958, which is an encouraging factor. The staff is very conscious of the importance of good ante-natal care and the increase in the number of midwives employed has made it possible to devote more time to this important aspect of their work.

Analgesia

Gas/air analgesia was administered to 739 patients—a decrease of 684 on the previous year, while 3,299 patients received trilene analgesia—an increase of 178. Pethidine was given to 2,638 patients.

Deliveries

The total number of births in the City during 1959 was 14,081; of these 5,142 were home confinements, a decrease of 131 over the number undertaken in 1958.

During 1959, however, 2,143 of the total births were to mothers normally resident outside Manchester. On the other hand 727 births to Manchester mothers took place outside the City. Thus 40.6 per cent. of all babies born during 1959 to Manchester mothers were delivered at home.

51 patients who miscarried were nursed by the municipal midwives.

Analysis of the place of confinement

Domiciliary confinements				Institutional confinements		Total
Municipal midwives		St. Mary's district midwives	Independent midwives	Maternity homes with no resident medical officer	Hospitals	
Doctor not present	Doctor present					
3,644	868	615	10	762	7,984	13,883

Liaison is maintained with the hospitals regarding the selection of cases for admission. Lists of patients who apply for admission to hospital and who, in the opinion of the consultant, are medically and obstetrically suitable for home delivery, are sent to the Supervisor of Midwives. A midwife then visits each home to assess its suitability for a domiciliary confinement. The report is returned to the hospital concerned. 1,255 such visits were paid by the midwives and supervisors during the year.

Approximately 30 beds per month are available at two maternity homes in the City to which patients are recommended by the Health Department. Persons qualifying for these beds are mainly those whose home conditions are unsuitable and who cannot by reason of bed shortage be admitted to one of the hospitals. One or two beds are kept each month for very late bookings, principally for patients with no settled home.

The usefulness of having a spare bed available at a moment's notice was illustrated during December when an unmarried girl of no settled abode entered a house where she was a complete stranger and gave birth to her baby. On being notified by the police of this event the Supervisor was able to secure her immediate transfer to a maternity home where she was nursed for 14 days.

Cancellations of bookings for various reasons during the year totalled 932, an increase of 208 over the corresponding figure for 1958.

Reasons for cancellation:—

Transferred to hospital in labour	384
Transferred to hospital before labour commenced ..	315
Removed from Manchester	136
Miscarried	57
Not pregnant	18
Unclassified	22

the puerperium

Midwives continue to be responsible for the care of the mother and infant for 14 days following the delivery ; 85,370 nursing visits were paid for this purpose.

It is much regretted that so many mothers are unwilling to breast feed their infants; this is sometimes due to the fact that they intend to resume work. However, the midwives are making a sustained effort to influence their patients to give the infants the benefit of at least the early weeks on the breast. The need for this effort is revealed by an increase over last year's figure by 78 mothers who decided to artificially feed their infants either wholly or partly during the first two weeks.

313 notifications of recourse to artificial feeding were received from the domiciliary midwives. The institutions accounted for a further 788 cases. This is an increase of 254 over the mothers who were delivered in hospital and resorted to artificial feeding in 1958.

The education of the mothers regarding breast feeding is being extended at the hospitals. A start was made at the end of the year by a visit to a large maternity unit where the co-operation of the Midwifery Superintendent was enlisted.

Care during the puerperium is also extended to mothers who are discharged from hospital before the 10th day. The number of patients so discharged during the year was 1,708 which involved 7,091 nursing visits. The corresponding numbers for 1958 were 1,029 patients and 4,356 visits.

These figures show that many more patients are being discharged early and this has correspondingly increased the midwives' work.

Numbers of patients discharged from hospital before the 10th day

Day	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	Total
of patients ..	35	77	136	142	139	219	344	528	88	1,708

Almost all the patients discharged on the first three days had been booked for domiciliary confinement but were admitted to hospital for some obstetrical reason before or during labour.

Emergency cases (Flying squad)

Midwives are authorized in an emergency to summon the Flying Squad on their own initiative. The Squad is stationed at St. Mary's Hospital and is manned by two senior sisters of their domiciliary service. An obstetrician and anaesthetist always attend each call. The number of requests for this service declined by 24 over the calls received in 1958.

Sources of requests for the Flying squads

Municipal midwives	St. Mary's district	Midwives outside the City boundary	Nursing homes within the City boundary	Nursing homes outside the City boundary	General practitioners	Total
53	16	17	23	5	22	136

Medical aid

There were 1,893 requests for medical aid in accordance with the Central Midwives Board rules. Of these 142 were from midwives in maternity homes having no resident medical officer.

Puerperal pyrexia

468 cases of puerperal pyrexia were notified under the Pyrexia Regulation of 1951, the rate per 1,000 total births being 33·24.

This compares with a rate of 35·79 in 1958. The incidence of pyrexia is shown in the following table:—

Incidence of Pyrexia

	Municipal midwives	St. Mary's district	Institutions	General practitioners	Total
A. (1) Infections of genital tract ..	5	3	38	—	46
(2) Abortions	—	—	2	2	4
B. Extra-genital causes	9	6	44	—	59
C. Unclassified ..	16	5	338	—	359
Totals ..	30	14	422	2	468

301 abortions occurred during the year; they were not notifiable under the regulations and the patients were transferred to hospital. This compares with a total of 352 in 1958.

Maternal deaths

There were 12 deaths in the City which were directly attributable to childbirth and four deaths associated with, childbirth.

The mortality rate was 0·95, while that for 1958 was 0·63.

The 12 deaths directly attributable to childbirth were due to the following causes:—

Abortions—

1. Septicaemia and peritonitis following septic abortion (conviction of manslaughter).
2. Air embolism due to an attempt to procure an abortion by syringing (conviction of manslaughter).

Deliveries—

1. Eclampsia.
2. Irreversible shock. Haemorrhage. Caesarian section for prolapsed umbilical cord.
3. Septicaemia—Infection with *Bact. aerogenes*.
4. Collapse following operative treatment. Intraperitoneal haemorrhage from adhesions posterior surface of the uterus complicating pregnancy.
5. Cerebral haemorrhage. Hypertension. Pregnancy and oliguria.
6. Pontine haemorrhage. Eclampsia. Parturition.
7. Septicaemia. Intra-uterine infection. Premature rupture of membranes at 32nd week of pregnancy.
8. Generalized peritonitis.
9. Post-operative paralytic ileus. Caesarian section.
10. Eclampsia. Acute tracheo-bronchitis. 8 months pregnancy.

Deaths due to associated causes:—

1. Pulmonary collapse—chronic bronchitis.
2. Influenzal bronchopneumonia during pregnancy.
3. Pulmonary tuberculosis.
4. Subacute bacterial endocarditis. Rheumatic heart disease.

In addition there was one other death in a Manchester hospital, the home address of the patient being outside the City, viz. Crewe.

Stillbirths

379 stillbirths were notified during the year, which represents a percentage relation to total births of 2·69.

The percentages for the three previous years were as follows:—

1958	..	..	..	..	..	2·96
1957	..	..	..	..	..	3·18
1956	..	..	..	..	..	2·76

55 stillbirths occurred in domiciliary practice and 330 in institutions. Of the 55 domiciliary stillbirths 22 were of a macerated foetus and 19 weighed less than 5½ lbs.

Table showing weight of stillbirths under 5½lb.

1-2-3lb.	3-4lb.	4-5lb.	5-5½lb.	Total
89	54	44	28	215

Premature baby service

Until May this service was effected by three midwives specially trained in premature baby care. It then became apparent that the work could no longer be performed adequately by the existing staff so a further premature baby nurse was appointed.

The number of premature babies nursed by the special staff during the year was fewer than in 1958, but the total number of visits made was higher. This is partly due to the fact that during the early months of the year—before the fourth nurse was appointed—selected cases only could be visited. Later in the year, however, more visits were paid to the infants by the augmented staff who found much satisfaction in being able to extend care over a longer period.

The value of this service cannot be expressed adequately by figures as it will be appreciated that a baby who is a difficult feeder, a mother who is not very intelligent or co-operative, or a case in which the home conditions are very difficult, may take many more visits and considerably more time than is required when better conditions obtain.

610 premature babies were cared for during the year, necessitating 4,944 visits.

Two cases are quoted as examples of the difficulties encountered.

Case 1

Father 24 years, mother 23 years, children 3 years, 2 years, 1 year and premature twins weighing $4\frac{1}{2}$ lbs. each.

Accommodation—1 large attic room, not too clean, containing double bed, cot, table, 2 chairs and a cupboard. The water had to be heated on the ground floor.

The father was an epileptic and did not work. He spent most of his time fishing, the equipment being stored in their one room. The parent stated that they had no time to register on the housing list.

The premature babies were taken, against medical advice, from the unit at the hospital where they were born and consequently the domiciliary premature baby nurse had to attend to them in these unsatisfactory conditions.

Washing facilities were almost non-existent, the supply of napkins was totally inadequate and agencies had to be contacted to assist. It is not surprising that sore buttocks developed and the care of these infants accounted for a great deal of the nurse's time.

Case 2

Father unemployed more or less for 11 years, seldom keeping a job for more than a few days, spending most of his time in bed.

Mother—10th pregnancy—both parents of poor mentality and always making excuses for the neglected state of the home. The family were transferred to a good Corporation house on an excellent estate. Various organizations contributed furniture to give the family a good start.

This was the position when the premature baby nurse first visited. A year later she returned to the house again—another premature infant had been born. The doors had been removed from the sideboard for fuel, two easy chairs had been thrown out into the garden and were rain-sodden, the tiles surrounding the grate had been broken. Clothes were obtained from charitable organizations for the baby but co-operation from the parents was almost impossible to obtain. The N.S.P.C.C. had been called in and their inspector visited the home regularly. Several children are in care. The toddlers are in good health as they attend a day nursery.

Premature live and still-births

The following tables give particulars as to the survival of premature infants born alive at home and in nursing homes and hospitals in the City during 1959.

Particulars are also given regarding still-births.

1. Number of premature live births notified (as adjusted by transferred notifications).

(a)	In hospital	611
(b)	At home	258
(c)	In private nursing homes	12
Total		881

2. Number of premature still-births notified (as adjusted by transferred notifications).

(a)	In hospital	152
(b)	At home	26
(c)	In private nursing homes	2
Total		180

Weight at birth	Premature live births															Premature still-births		
	Born in hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
(a) 3lb. 4oz. or less (1,500 gms. or less)	68	32	22	5	2	3	7	7	—	1	—	1	—	—	—	80	9	—
(b) Over 3lb. 4oz. up to and including 4lb. 6oz. (1,500–2,000 gms.)	129	18	91	19	4	15	17	5	12	—	—	—	—	—	—	41	3	1
(c) Over 4lb. 6oz. up to and including 4lb. 15oz. (2,000–2,250 gms.)	128	5	120	43	—	43	15	1	14	2	—	2	—	—	—	15	10	—
(d) Over 4lb. 15oz. up to and including 5lb. 8oz. (2,250–2,500 gms.)	286	7	271	145	2	143	7	—	7	12	—	12	—	—	—	16	4	1
Totals	611	62	504	212	8	204	46	13	33	15	—	15	—	—	—	152	26	2



The nurses work in close liaison with paediatricians and general practitioners. Their attendance at paediatric clinics has now become a regular feature of their work. This enables the advice given by the paediatrician to be followed up at the infant's home. Special equipment, including cots, blankets, hot water bottles, is available on loan to any needy case.

The premature baby nurses, in common with the midwives, are making a great effort to educate mothers with regard to breast feeding, but unfortunately the greatest number of babies referred to the Department are from hospitals, and infants are almost always on an artificial feed before being returned to their homes.

The following table shows the size of the problem with regard to the breast feeding of premature babies:—

Number of babies breast fed	83
Number of babies artificially fed	442
Number of babies breast plus complementary feed ..	85
Total ..	<u>610</u>

Neo-natal mortality rate of premature infants

Weight at birth	Number	Survived	Died	To hospital
Under 3 lbs. ..	17	17	—	—
3-4 lbs.	68	68	—	—
4-5 lbs.	228	224	4	4
5 lbs. plus .. .	297	291	6	8
Total .. .	610	600	10	12

Twelve babies were transferred to hospital for reasons which included failure to thrive, diarrhoea or vomiting; 7 infants (who had been attended by the premature baby nurses) died.

The causes of death were recorded as follows:—

Intracranial haemorrhage	4
Spina bifida and meningitis	1
Pneumonia	2

Sources of reference:—

Hospitals	451
Midwives	116
Maternity homes	20
Health visitors	7
Any other source	16
Total ..	<u>610</u>

Other visits paid by the premature baby nurses included:—

To paediatric clinics.. .. .	56
To hospitals	25
To doctors' surgeries	49

The specialized training of these midwives together with their experience and constant observation of premature infants enables them to recognize once any slight deviation from the normal, to which they draw the general practitioner's attention.

Such an incident occurred during the year when a nurse sensed that a baby was not as it should be with a certain infant. On clinical examination there was nothing apparently wrong but nurse visited the doctor's surgery and after consultation it was decided to send the infant to hospital for a more thorough examination. Here it was found there was a "hole in the heart." An operation was performed and the baby is now well and thriving.

Ophthalmia neonatorum and other eye conditions

There is an establishment for three ophthalmic nurses for the care of all eye cases referred to the Department and the work consists of treating the eye condition under the direction of the Consultants at the Royal Eye Hospital and the general practitioners.

The specialized knowledge of these nurses is often very useful in detecting an abnormal condition which is then reported to the general practitioner thereby enabling consultant opinion to be sought at a very early stage.

An example of this occurred when an ophthalmic nurse was asked by a midwife to see an infant: right and left cataracts were discovered. With the consent of the patient's doctor the infant was taken to the Royal Eye Hospital where it was admitted.

Although the work of the ophthalmic nurses is of a very specialized nature this by no means restricts their activities as is shown by the following cases.

A home was visited on the 14th December where the ophthalmic nurse found an 8 year old little girl looking after the family of 4 children whose ages were 5 years, 2 years, 1 year and a baby 3 weeks old. There was an open fire which was not protected by a fire guard. The nurse contacted the Department immediately and a clinic nurse was sent to the home to await the mother's return. In this case the N.S.P.C.C. was eventually notified.

Not all visits are so serious. An amusing incident was related by the mother of an infant with an artificial eye. The nurse was informed that this child had managed to push the eye from the socket and had swallowed it. This was eventually recovered, washed and replaced.

Cases of ophthalmia neonatorum and conjunctivitis in newly born infants and eye defects in older children.

1. Ophthalmia neonatorum.	
(a) Notified by general practitioner	40
(b) Notified by Royal Eye Hospital	4
2. Conjunctivitis reported by midwives.	
(a) Own cases	208
(b) Discharges from hospital before the 14th day	14
3. Conjunctivitis and other eye defects in children over 14 days ..	382
Total	<u>648</u>

ce of treatment for cases of ophthalmia neonatorum and conjunctivitis in the newly born.

Number of cases attending the Royal Eye Hospital:—

In-patients	16*
Out-patients	30*
	— 46
Number of cases attending own doctor	602
	—
Total	648

* These patients were followed up by the ophthalmic sister after discharge.

Corneal infections —

Swabs:—

Positive	7
Negative	34
	—
Total	41

In the case of a positive eye swab the information is transmitted to the Director of Venereology and the special visitor contacts the family with a view the parents having treatment.

Three children are under consideration for admission to a Sunshine Home. They are totally blind and have reached the age of 1 year. The causes of the blindness are:—

1. Retrolental fibroplasia.
2. Congenital anophthalmos.
3. Optic atrophy.

Analysis of eye conditions of children over 14 days referred by health visitors and child welfare centres

	Brought forward from 1958	New cases 1959	Carried forward to 1960
Conjunctivitis (simple)	8	152	16
Chronic conjunctivitis	2	40	6
Nasal obstruction	5	122	45
Choroiditis	—	8	2
Choroidocele	—	37	4
Chronic cataract (6 discharged)	16	7	17
Chronic (2 discharged)	6	—	4
Chronic vision (5 discharged)	17	7	17
Ophthalmia (2 discharged)	2	—	—
Glaucoma (1 discharged)	5	1	4
Choroiditis (1 discharged)	4	1	4
Choroid	2	—	2
Ophthalmia	1	—	1
Choroid	3	1	4
Choroiditis (1 discharged)	1	1	1
Retrolental fibroplasia	1	1	2
Choroidoma	1	—	1
Optic atrophy	—	2	—
Choroid and prolapsed iris	—	1	—
Choroid cyst covering left cornea	—	1	—
	74	382	130

Summary of cases of ophthalmia neonatorum and conjunctivitis and other eye defects.

Discharged as recovered	517
Discharged with damaged sight	—
Died from any cause	1
Removed from district	—
Still under treatment at end of year	130

Number of visits by ophthalmic nurses

(a) Primary	648
(b) Subsequent	3,590
	<u>4,238</u>

INCIDENCE OF BLINDNESS

(National Assistance Acts)

The information contained in Parts A and B of the following statement which is in the form requested by the Minister of Health, has been supplied by the Chief Welfare Officer of the City Council's Welfare Service Department:—

A.—Follow-up of registered blind persons

(i) Number of cases registered as blind during the year 1959 in respect of which Section F of Form B.D. 8 recommends:—	Cause of disability			
	Cataract	Glaucoma	Retrolental fibroplasia	Other
(a) No treatment	28	13	—	56
(b) Treatment (medical, surgical or optical)	18	6	—	15
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment..	11	5	—	11
(iii) Number of cases at (ii) above in which:—				
(a) Vision improved	—	—	—	—
(b) Sight restored	—	—	—	—
(c) Treatment continuing at end of year	10	5	—	11

B.—Follow-up of registered partially-sighted persons

(i) Number of cases registered as partially-sighted during the year 1959 in respect of which Section F of Form B.D.8 recommends:—	Cause of disability			
	Cataract	Glaucoma	Retrolental fibroplasia	Other
(a) No treatment	11	2	—	23
(b) Treatment (medical, surgical or optical)	40	17	1	57
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	30	16	1	45
(iii) Number of cases at (ii) above in which:—				
(a) Vision improved	12	3	—	2
(b) Sight restored	—	—	—	—
(c) Treatment continuing at end of year	12	2	1	10

C.—Ophthalmia neonatorum

(i) Total number of cases notified during the year	
(ii) Number of cases in which—	
(a) Vision lost	
(b) Vision impaired	
(c) Treatment continuing at end of year	
Cases of retrolental fibroplasia among premature infants	
Cases of congenital cataract among premature infants	
Cases of optic atrophy among premature infants	





CARE OF MOTHERS AND YOUNG CHILDREN

Welfare centres

Three new combined clinics were opened during the year and 3 maternity and child welfare centres held in unsuitable premises were discontinued. All were situated in the Wythenshawe area of the City. The first new clinic, a single-storey building, was opened in January at Northern Moor. The rooms are used jointly by the Education Department and the Health Department, by the Education Department in the mornings for school clinic sessions and by the Health Department in the afternoons for maternity and child welfare sessions. A dental unit is attached in which dental treatment is given to expectant and nursing mothers and children up to school-leaving age.

The 2 other combined clinics, large two-storey buildings at Woodhouse Park and Baguley were opened in July. The ground floors are used as maternity and child welfare centres and the school clinics are held on the first floors. At each building there is a dental clinic used for the dental treatment of expectant and nursing mothers and children up to school-leaving age.

At the end of the year, 2 other buildings were in course of construction; one in Didsbury comprising a maternity and child welfare centre and dental unit, the other a maternity and child welfare centre only in Moss Side.

In the meantime, negotiations have been taking place for the purchase of suitable sites to replace centres in Gorton, Harpurhey, Crumpsall, Abbey Hey and Hulme. In addition at the end of the year, tenders were invited for the erection of two combined clinics in North Manchester and it is expected that building will commence during the year 1960.

The policy of the Health Committee, determined during the previous year, that unsatisfactory centres be replaced by new centres or combined clinics at the rate of 3 per year is thus being maintained.

The number of centres at the end of the year remained the same as for the previous year, namely 28 municipal and one voluntary.

Clinics

Clinics were held weekly in the centres as follows:—

Infants	..	..	..	..	73
Toddlers	..	..	..	..	27
Ante-natal	..	..	..	..	41

Medical Officers were in attendance at these clinics with the exception of child welfare sessions which were taken by Health Visitors only and 5 ante-natal sessions taken by midwives only. 4 joint ante-natal and post-natal sessions were held at 4 centres each week.

Physiotherapy

The number of physiotherapists employed at the end of the year was 3 full-time and 4 part-time. 43 sessions were held weekly at 19 centres. Particulars of attendances are shown below.

Domestic science classes

Demonstrations and practical instruction in food preparation and food values were given at 5 centres. Sewing classes were held at 10 centres.

Attendances, etc.

Attendances at sessions held during 1959 with comparable figures for 1958 are shown below:—

Infant and toddlers sessions					31st December, 1959	31st December, 1958.
Under 1 year					7,277	7,242
1 to 5 years					11,052	11,289
Totals					<u>18,329</u>	<u>18,531</u>
Attendances made by children :—						
Under 1 year					105,323	106,884
1-2 years 18,193					36,938	17,345 } 9,605 } 5,942 } 3,999 }
2-3 years 9,534						
3-4 years 5,790						
4-5 years 3,421						
Totals					<u>142,261</u>	<u>143,775</u>
Ante-natal sessions :—						
Number of new attenders					6,563	7,179
Total number of attenders					8,216	9,017
Number of attendances					41,450	40,728
Post-natal sessions :—						
Number of attenders					126	199
Number of attendances					195	199
Physiotherapy sessions :—						
Ante-natal exercises—						
Number of attendances					1,053	1,102
Post-natal exercises—						
Number of attendances					40	46
Remedial exercises—						
Number of attendances (children)					3,744	5,802
Massage—						
Number of attendances (children)					3,479	3,628
Artificial sunlight treatment :—						
Number of attenders—						
Children					117	217
Adults					—	—
Number of attendances—					117	217
Children					482	709
Adults					—	—
					482	709





Children attending child welfare centres

Centre	On register January 1st, 1959			New attendances during 1959			On register January 1st, 1960		
	0-1 year	1-2 years	2-5 years	0-1 year	1-2 years	2-5 years	0-1 year	1-2 years	2-5 years
Hey Hey	310	217	339	359	64	41	295	197	327
coats	131	31	26	85	13	2	139	34	33
Swick	233	130	218	274	61	49	174	143	183
ley	Opened July, 1959			343	102	138	431	198	273
ckley	102	95	112	165	18	13	112	84	123
rnage	172	124	158	192	43	15	173	138	167
eeham	269	181	185	291	44	34	240	141	169
orlton-on-Medlock	261	153	230	306	34	45	230	120	153
orlton-cum-Hardy	399	251	288	395	85	44	351	275	280
yton	208	150	200	191	38	27	179	137	184
lyhurst	344	231	194	359	65	45	316	215	211
umpsall	190	152	228	203	23	24	172	163	238
rbishire House	294	191	121	369	78	29	313	205	127
isbury	246	189	301	238	35	13	203	168	258
orton	305	167	172	393	47	45	303	174	215
purhey	316	227	255	342	60	38	293	247	256
her Blackley	140	117	94	160	29	12	152	121	165
ly Name	101	35	25	101	35	9	99	25	21
lme	150	121	149	202	34	26	164	115	108
enshulme	371	263	449	392	56	37	370	278	456
wall Green	254	196	374	Discontinued July, 1959					
yton Heath	241	180	265	240	56	17	217	159	237
w Moston	246	186	185	284	31	21	258	175	167
erthenden	276	228	385	193	41	28	154	172	344
erthern Moor	Opened January, 1959			258	96	75	148	95	132
enshaw	334	218	203	406	99	47	364	219	249
holme	413	264	217	540	125	85	489	276	301
arston	237	216	230	Discontinued July, 1959					
lbrahim Road	198	138	106	186	42	25	178	156	115
hington	306	233	330	378	71	29	343	212	271
odhouse Park (Civic Centre)	Opened July, 1959			714	283	265	417	264	383
odhouse Park (W.m. Temple)	195	160	206	Discontinued July, 1959					
Totals 1959	7,242	5,044	6,275	8,559	1,808	1,278	7,277	4,906	6,146
Totals 1958	7,322	4,424	6,528	8,737	836	2,178	7,242	5,044	6,245

Minor ailments

92 children under 5 years of age were referred by the Medical Officers at the Welfare Centres to the School Medical Service for the treatment of minor ailments. Children who fail to attend or cease attending before treatment is completed are "followed up" by Health Visitors who stress the desirability of treatment.

Types of ailment and numbers of children referred for treatment are shown below.

Number of children referred for treatment of minor ailments

Squint	81
Otorrhoea	4
Other minor ailments ..	7

Welfare foods

All the maternity and child welfare centres provide for the issues of national welfare foods to all beneficiaries irrespective of whether or not they attend the centres.

In addition to the 29 maternity and child welfare centres there are 8 other distribution centres of which 2 are situated at large factories for the convenience of the employees.

Parents who attend the maternity and child welfare centres regularly are able to purchase proprietary brands of foods on the recommendation of the centre medical officer. Milk foods are supplied free of charge in necessitous cases; the cost of such issues to the Corporation in 1959 was £501 as compared with £410 in 1958.

Particulars of issues of national welfare foods are shown below.

Period	National dried milk tins	Cod liver oil bottles	"A & D" vitamin tablets packets	Orange juice bottles
1954 (6 months) ..	214,223	48,707	16,734	208,356
1955	384,896	94,638	37,999	468,322
1956	362,936	86,924	38,911	490,787
1957	286,929	70,505	37,708	509,526
1958	210,696	43,968	35,031	322,042
1959	190,468	42,759	36,119	324,140

The figures do not include issues to hospitals, day nurseries or non-maintained nursery schools.

Voluntary workers

Voluntary assistance at maternity and child welfare centres, which was very much appreciated, was given by 28 ladies who made a total of 739 attendances.

Travelling homecraft teaching exhibition

The exhibition continues to be an important supplement to the mothercraft and parentcraft teaching at the Child Welfare Centres. Sections are also loaned to members of the staff carrying out health education at establishments in the City (e.g. H.M. Prison, a maternity hospital, a home for expectant mothers and mothers and babies) and those giving talks to the various organizations requesting speakers; such organizations provide varied audiences of all ages and with differing backgrounds.

The material of the exhibition is constantly revised; the old familiar subjects are treated again in new ways and new subjects introduced.

The character of the exhibition changes slowly; it is felt that too drastic and sudden changes are not called for in an exhibition of this type, where the mothers come to recognise the layout, as they do that of a familiar magazine. Nor is it felt in this specialized material, used so widely for health teaching that the posters should be of the usual type comprising perhaps only a few words; rather they should be "potted" health talks which will hold the attention of the mothers because they are unusual and provide a starting point for talks and discussions.

The exhibition remains at each centre for two weeks on each tour.

It is realised these days that as many aspects of family life as possible must be included in the material. Gone are the days when it was sufficient to make displays of "safety-first", "diets" and "clothing", although these subjects are still important and are included but in more ingenious and attractive ways.

New material has its first showing at the Annual Refresher Course for health visitors, held in the Department in March and is then incorporated into the rota for circulating round the child welfare centres.

A travelling exhibition involves many difficulties in relation to its safe transport at fortnightly intervals between twenty-nine Child Welfare Centres, and much credit is due to the delivery men who carry out this work. The members of the staff who make the exhibits are constantly trying to devise models which will be easy to transport, pack, and keep clean and in good condition at the Centres.

The Exhibition for 1959 was entitled "The Family Circle." The one in preparation for the 1960 Refresher Course and for teaching purposes at the centres for the remainder of that year will be entitled "Learning to Live."

Mothers' evening clubs

The evening clubs at Cheetham and Northenden maternity and child welfare centres, which are used for the purpose with the consent of the Health Committee, continued during the year.

Mothers who normally attend the centres meet in the evenings, once a fortnight, in a happy social atmosphere. The activities of the clubs are educational and social.

Cheetham club

Club members	..	..	..	..	..	..	44
New members	..	..	..	..	..	..	3
Retiring members	..	..	..	..	..	..	6
Attendances	..	..	..	..	..	..	483
Sessions held	..	..	..	..	..	..	24
Talks	..	..	..	..	..	..	3
Discussions	..	..	..	..	..	..	5
Socials	..	..	..	..	..	..	3
Outings	..	..	..	..	..	..	1
Demonstrations	..	..	..	..	..	..	1
Harvest festival	..	..	..	..	..	..	1
Easter fayre	..	..	..	..	..	..	1
Bring and buy sale	..	..	..	..	..	..	1
Beetle drive	..	..	..	..	..	..	2
General meetings	..	..	..	..	..	..	3
Concert	..	..	..	..	..	..	1
Competition	..	..	..	..	..	..	1
Dinner	..	..	..	..	..	..	1

The Club Library is still widely used by members and the Club Magazine has continued publication.

The theme chosen for activities in 1959 was "Better Motherhood."

Talks

- (1) Anaemia in pregnancy
- (2) Growth and development
 - (a) Pre-natal
 - (b) Post-natal
- (3) Some menopausal troubles.

Discussions

- (1) Problems of the adolescent girl
- (2) Teenage troubles
- (3) On choosing a holiday
- (4) Effects of betting
- (5) Quiz programmes.

Competition

The competition was for "The best salad meal as a supper dish." Mar were awarded for colour, general attractiveness and balanced food value.

Entries numbered 8. The general standard was high and an interesting feature was that each entrant had included protein in some form.

The Mothers' Club opened in the New Year with a very well attended social, planned and arranged by the mothers themselves, an achievement undreamed of 12 years ago when the club was first started.

Talks and discussions held in the club were enjoyed immensely; there was usually a lively exchange of views between the mothers, the health visitors present encouraging the more shy and retiring members.

Demonstrations and competitions arranged by the club members frequently bring out many talents that have hitherto remained hidden and dormant.

By holding "Bring and Buy" Sales, "Easter Fayres" and "Harvest Festivals" members have learned to think of others as well as themselves and for several years now gifts of fruit, food, and flowers have been distributed amongst the aged, the poor and the needy in the neighbourhood.

Northenden club

The mothers' club held 27 meetings in 1959 and had an average attendance of 22 members.

The present membership is 29 including 2 new members.

The mothers enjoyed and benefited from the various activities offered.

A health visitor with 6 members from the Hazel Grove mothers' club paid a return visit on 30th November, 1959; they enjoyed the visit and were impressed with the club. The Hazel Grove health visitor and a friend also attended a dance on the 10th December where there was an attendance of 95 including the Centre medical officer with her family, 2 of the health visitors and 6 mothers from the Cheetham club in addition to the members' husbands and friends. The dance was a great success and enjoyed by all.

Activities in 1959:

- 8 talks; 7 social evenings; 3 visits to places of interest; 2 demonstrations;
- 2 discussions; 1 theatre party; 1 jumble sale; 1 keep fit demonstration;
- 1 dance and 1 general meeting.

Talks on the following subjects were given:—

1. Living in New Zealand
2. First aid
3. Work in Strangeways Prison
4. Home dressmaking
5. Prevention of accidents
6. Holiday in Holland and film
7. Holiday in Russia
8. Children's reading matter.

The members gave a Christmas party to 37 children; each child received a gift from "Father Christmas."

The members continue to read the various publications received with interest.

The following case history illustrates one way in which the club can help the mothers.

Mrs. "Y" had recently removed into another area and was without friends in the neighbourhood. She had a history of depression and threatened suicide and had been advised to see a psychiatrist but had so far refused this.

Mrs. "Y" was introduced to the Family Welfare Service and she received a good deal of help from this Service. At a consultation between a Family Welfare Service doctor and the health visitor it was decided that it would be a good thing if Mrs. "Y" would attend the Mothers' club.

The health visitor called on Mrs. "Y" and told her about the club activities and asked her to join. Mrs. "Y" said she thought it would be nice to get out for a change, but that she would feel too shy to attend. When the health visitor said that she would arrange for one of the club members to call for Mrs. "Y" the suggestion was accepted and Mrs. "Y" attended as arranged.

After her introduction to the club Mrs. "Y" became more cheerful but still had phases when she was acutely depressed, and examination by a psychiatrist was still necessary.

Gradually the club atmosphere helped Mrs. "Y" to realise that other people could help her and she finally promised the health visitor that she would see her doctor with a view to further examination at the hospital as her doctor had previously advised.

Mrs. "Y" was seen by the psychiatrist who advised a course of treatment.

It was necessary for Mrs. "Y" to be accompanied for treatment, and at first the husband arranged his work to allow him to escort his wife but he soon lost interest and it looked as though the treatment would not be completed after all.

The health visitor, with Mrs. "Y's" consent, arranged for a club member to act as escort, on treatment days. She willingly agreed to this suggestion because her meetings at the club had made her feel more secure in her relationship with other people, and the course of treatment was completed. The final result will be watched with interest.

Nurseries and Child Minders Regulation Act, 1948

The first prosecution in Manchester under the provisions of the above-named Act took place during the year when a child minder, not registered for such purpose, pleaded guilty to minding children contrary to Section 4 (2) of the Act. She was conditionally discharged.

At the end of the year there were 11 registered child minders caring for a maximum of 105 children. 6 applications for registration were refused by the City Council.

The Hulme voluntary day nursery, which has 40 places and is subsidized by the Manchester Corporation under the powers contained in Section 22 of the National Health Service Act, 1946, continued to function. Two other day nurseries are registered under the Act.

Particulars of the registered nurseries and child minders are summarized below:—

Premises	Number registered at end of year	Number of children provided for
Factory nursery	1	30
Other nurseries	2	65
Homes of child minders	11	105

Medical officers and health visitors paid regular visits to the registered persons and premises.

Care of illegitimate children and their mothers

The departmental arrangements for the care of illegitimate children and their mothers include the appointment of a health visitor as welfare officer to be particularly concerned with the special problems of these mothers and children.

During the year assistance has been given by a part-time health visitor and two health visitors have each received three months experience in the specialized work.

The following particulars indicate the extent of the department's activities and include comparison with the previous year.

(1) The sources of reference of the new cases were as follows:—

	1959	1958
Health visitors	169	157
General practitioners	76	58
Hospital almoners	63	71
Self-referred	61	58
Maternity and Child Welfare centre staff	39	41
Moral welfare workers	32	31
Social workers	11	11
Children's Department	12	11
National Assistance Board	24	—
Medical Officers of Health from other areas	—	—
Probation Officers	4	—
Mental Health Section	6	—
Midwives' section	20	11
Home Help section	1	—
Welfare Services Department	3	—
Councillors	2	—
Police	1	—
Employers	2	—
Youth Employment Bureau	2	—
Matron of Ashton House Municipal Hostel	2	—
Totals	530	460

(2) Visits and interviews

	1959	1958
Office interviews	772	1,563
Home visits	503	576
Visits to hospitals	71	64
Visits to Knowle House	94	73
Visits to other hostels	8	9
Miscellaneous visits	7	—
Interviews with health visitors and other social workers	186	216
Attendances at Magistrate's Courts	50	40
Totals	1,691	2,541

(3) Health visitors reports dealt with	2,613	2,272
(4) Number of expectant mothers	265	285
(5) Number of mothers with illegitimate children	559	669
(6) Number of illegitimate children	771	792

Of the 771 children dealt with in 1959:—

265 were new cases whose mothers were advised by the Welfare Officer for the first time in the post-natal period.

163 were children born in 1959, whose mothers had been advised by the Welfare Officer during the ante-natal period, 1959.

46 were children born in 1959, whose mothers had been advised by the Welfare Officer during the ante-natal period 1958.

297 were children whose cases were re-investigated or carried forward from previous years.

(7) Classification of persons dealt with in the ante-natal period and results of confinement.

Mother	Live Births	Births pending	Still-births	Mis-carriages	Not pregnant	Total
Single	138	57	4	2	1	202
Married	18	7	—	—	—	25
Widow	3	—	—	—	—	3
Divorcee	4	1	—	—	—	5
Parents married before birth of baby	—	5	—	—	—	5
Other removed	—	25	—	—	—	25
Totals	163	95	4	2	1	265

(8) Particulars of illegitimate children remaining with their mothers

Mother	In lodgings or absorbed into family	With mother and putative father	With mother in a hostel	Parents subsequently married	Removed from Manchester address known	No trace	Deaths	Totals
Single	353	93	7	16	16	10	6	501
Married	59	47	—	—	5	2	—	113
Widow	10	—	—	—	—	—	—	10
Divorcee	5	4	—	—	1	—	—	10
Totals	427	144	7	16	22	12	6	634

(9) Particulars of illegitimate children apart from their mothers

Mother	With adopters	With relatives	In the care of the Children's Committee	With foster mothers	In residential nurseries (private)	Deaths	Total
Single	66	14	17	10	10	1	118
Married ..	8	3	—	2	—	—	13
Widow.. ..	1	1	—	1	—	—	3
Divorcee ..	2	—	—	1	—	—	3
Totals ..	77	18	17	14	10	1	137

(10) The action taken by the Welfare Officer as regards cases referred was as follows :—

Accompanied mothers, babies and expectant mothers to hostels and hospitals 1

Admission arranged to—Knowle House hostel 1

Ante-natal care arranged

Cases referred to—

Children's Department
Welfare Services Department
Mental Health Service
National Assistance Board
Catholic Moral Welfare Council
Diocesan Council for Moral Welfare
Manchester and Salford Methodist Mission
National Society for the Prevention of Cruelty to Children
Police
Ashton-under-Lyne Adoption Society
Women's Voluntary Service
Home Help Section
Marriage Guidance Council
Other organizations
Protection and Rescue Society.. .. .

Assistance given—

To book a hospital bed
To obtain a vacancy in a day nursery
To obtain legal advice
To find lodgings
Provision of second hand perambulators and cots
Provision of second hand clothing

Advice given regarding—

General matters 10
Adoption 1
Hostel accommodation 19
National Health Insurance benefits 10
Affiliation Order cases 8
Day nursery accommodation 9
National Assistance allowances 6
Residential nursery accommodation

Regular visits were paid to 32 families requiring close supervision

(11) Affiliation Order cases

Applications for affiliation orders were heard by the Manchester Magistrates Court and were dealt with as shown:—

Assistance given by	Orders granted
Welfare officer	21
Welfare officer and National Assistance Board	23
Welfare officer and private solicitor	8
Total	52

(12) Investigations concerning adoption:—

During the year, 38 reports were forwarded to Manchester Children's Officer following his request for information concerning mothers, who had made an application for adoption.

(13) Girls under the age of consent:—

During the year, 18 girls under the age of 16 years were referred to the Welfare Officers, 12 of them in the ante-natal period and 6 in the post-natal period.

Mother and baby home "Knowle House," Handforth

The hostel is provided by the Health Committee and has accommodation for 22 mothers and 16 babies.

The warden (who is a State Registered Nurse and Certified Midwife) and staff give instructions to the mothers in child care and housecraft.

A physiotherapist holds a session once a week for the purpose of giving the mothers ante-natal and post-natal exercises.

The Welfare Officer arranges for the admission of mothers and babies, accompanies them to the hostel and is responsible for making suitable arrangements for them on their discharge.

The following table shows the admissions and discharges during the year.

	Carried forward from 1958	Admissions	Discharges	Number in the Home at the end of the year
Babies	7	79	77	9
Mothers	7	66	66	7
Expectant mothers	6	43	48	1
Recuperating mothers	—	18	16	2

The following particulars show the arrangements for the care of the 77 babies discharged :—

Babies remaining with mothers:—	
to homes of relations	13
to lodgings or furnished rooms	11
to residential employment	1
to Mayfield House (Part III accommodation)	1
to other homes for mothers and babies	4

Babies apart from mothers:—

to homes of adopters	28
to private residential nurseries	4
to the care of the Children's Committee	2
to the care of a foster mother	2

Babies with recuperating mothers 11

The Home is also used for providing recuperative holidays for married women (in the ante-natal period) and married women with babies up to the age of six months. In its pleasant situation in the Cheshire countryside it is eminently suitable for this purpose.

During the year requests were received from doctors and health visitors for the admission of 20 mothers requiring a period of recuperation.

18 mothers were admitted

2 mothers did not avail themselves of this offer.

Of the 18 mothers admitted, 12 had their babies with them; one had twins giving a total of 13 babies.

Recuperative Centre

The Health Committee has an arrangement with the Community Council of Lancashire whereby mothers and children are admitted to Brentwood Recuperative Centre in Marple, Cheshire, on the recommendation of the Medical Officer of Health. The cost of maintenance is borne by the Health Committee.

Since 5th July, 1948, provision for these arrangements has been made under the City Council Scheme for prevention of illness, care and after-care, under Section 28 of the National Health Service Act, 1946.

Eleven families were admitted during 1959. The respective age groups were as follows:—

Mothers between 22 and 37 years	Mothers over 37 years	Children 0-1 year	Children 1-7 years	Children over 7 years
10	1	5	26	4

The periods of residence were:—

4 weeks	4-7 weeks	Less than 4 weeks
3 families	7 families	1 family (left of own accord)

The main reasons for recommending mothers to Brentwood are:—

1. Ill-health and lowered vitality due often to rapid child-bearing.
2. Unsatisfactory home conditions with lack of many domestic facilities and comforts, depressing environment.
3. Disharmony between parents causing mother to lose interest in herself, home and children.
4. Period of sickness in some members of the family or prolonged unemployment of the husband.
5. Lack of experience and training in housewifery and child management and inability to cope with their many responsibilities.

During the mothers stay at Brentwood the fathers are expected to contribute towards the rehabilitation of the home, either by re-decorating, paying off any debts or the provision of any labour-saving equipment.

After discharge from the Centre the families are followed up closely by the Health Visitors who, by further advice and encouragement, help in the maintenance of a better standard of living. After their stay most mothers find they are better equipped to cope with their responsibilities.

Of the 11 families admitted during 1959, improvement which appeared likely to be of a permanent nature was observed in 5 cases, 2 improved for a time, 1 did not appear to benefit but the condition of her children greatly improved. 3 families are still in residence.

2 cases which illustrate the benefits of a stay at Brentwood are those of Mrs. "X" and Mrs. "Z".

Mrs. X spent four weeks in Brentwood with her children. She has now been home more than six months. Her improvement is maintained and family relationships are satisfactory. The children are much cleaner and happier and the father appears to be helping much more in the home and with the children.

Mrs. Z spent six weeks in Brentwood about fifteen months ago. She was then pale and arrived in very poor health. During her stay she made satisfactory progress and took an interest in her work and in the cookery and sewing classes. Under the wise guidance of the Brentwood staff her mental outlook improved, she benefited physically and formed healthier habits in diet, etc. Today Mrs. Z has maintained the improvement in every respect and she, her husband and children are a united and happy family.

The value of the Brentwood Recuperative Centre is well known in this country and it was encouraging but a little surprising to receive a cutting from a former Manchester Health Visitor now working in the U.S.A. It was taken from the "Ladies Home Journal" published in that country in 1959 and is quoted for the interest of others.

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Strengthening Families

By Margaret Hickey

Few mothers deliberately neglect their children. More often, the neglectful mother is burdened with problems—ill health, too many children, too little income. When we are quicker to punish than prevent, we compound her difficulties by *our* neglect—until they grow to the point of great cost to the community.

In England, early sympathetic efforts are helping many such women to get a fresh slant on their job of motherhood and to understand and cope with their everyday responsibilities. In a pleasant village in hilly country near Manchester, where flowers, trees, birds and animals abound, is a spacious home called Brentwood Recuperative Center for Mothers and Children. It is run by a voluntary organization, the Community Council of Lancashire. Since 1946 some 1,188 mothers and 3,015 children have come for an average stay of seven weeks of "learning by living together." (At any one time there are 11 or 12 mothers and 30 to 33 children under 7 years of age.) The mothers, recommended by public health departments, are usually anemic, tired out, discouraged, apprehensive. The children are ragged, dirty, fretful, untrained and out of control. But in the restful atmosphere of Brentwood, and through the friendly help and encouragement of the staff, remarkable changes take place.

Not only are mothers helped to gain back health, courage and self-respect, but they are given the opportunity to learn informally something about household management so that when they return home they can work in an orderly routine instead of a muddle. While staff members care for their children—teaching them table manners, good toilet habits, cleanliness—the mothers attend classes in mending, sewing, cookery, child care and health. Each mother shares a bedroom with her children, has full responsibility for washing, dressing and feeding them and also for tidying her room and doing personal laundry. Part of each day is set aside for social and recreational activity—and fathers are urged to visit whenever they can and also to improve the homes during the wife's absence.

DENTAL CARE OF MOTHERS AND YOUNG CHILDREN

(Principal School Dental Officer—G. L. Lindley, L.D.S.)

The most important improvement to the service during the year was the opening in January of the Northern Moor Combined Clinic and in August of the Baguley and Woodhouse Park Combined Clinics. These new clinics have provided five modern well equipped dental surgeries for an area of the City which previously has had inadequate facilities for dental treatment. In addition, by the end of the year, building work on a new clinic with a dental suite in Didsbury was almost completed and this should be available for use early in the new year. It is expected that early in 1960 building will start on 2 additional clinics with dental suites on the north side of the city.

The dental care of mothers and young children was undertaken by school dental officers, general anaesthetics were given by medical practitioners and trained nurses were available at all times. One full-time technician was fully employed on mechanical dentistry at the Dental Laboratory at Shakespeare Street School Clinic. In order to reduce the time taken between the start of denture fabrication the staff is to be increased by one full-time technician who will devote three-quarters of his time to the Health Committee and one-quarter to the Education Committee. The Oral Hygienist who worked one-quarter of her time for the Health Committee left the service in January and it has not been possible to replace her.

Because of the general shortage of dentists throughout the country and particularly in Manchester, where there has been a loss of more than 25 per cent. of dentists in general practice since the start of the Health Service in 1948, adequate staffing of clinics has remained a constant problem which has been aggravated by the coming into service of the much needed new clinics. Unfortunately, the staffing problem is not going to lessen in the future until additional and necessary new clinics become available for use. Owing to the necessity of dispersing the existing staff over an increased number of surgeries it was not always possible to give a regular and full service at all the clinics during the whole of the year. Full advantage was taken of all the offers of dentists to work in the evenings.

The majority of full-time officers are in the older age groups and maintenance of the service relied to an increasing extent on private practitioners being employed on a part-time basis for a number of sessions each week. Since the inception of the National Health Service many openings are available for young dentists to build their own practice in the general dental service and in consequence, very few are prepared to become full-time officers; fortunately some are willing to work a number of sessions each week whilst they build up their own practices.

As in previous years the majority of cases referred by medical officers were inspected promptly, urgent cases received immediate treatment, and later appointments were arranged for the less urgent cases. Once again it is disappointing to note that more than 25 per cent. of appointments were not kept.

The work done during the year showed little change from previous years, the major part of treatment still being extractions for relief of pain, and elimination of sepsis, followed very often in the case of mothers by the provision of dentures. There has been a slight but welcome increase in the number of teeth conserved for mothers. The loss of the Oral Hygienist brought to an untimely end the talks she had given to mothers at centres on dental health which showed such gratifying results at the end of the last year. The Oral Hygienist has a major role to play in Dental Health Education, enabling the dentist to concentrate on providing chairside treatment, but no newly trained hygienists appear to be available for this necessary work.

The following tables give details of the year's activities:—

(a) Number provided with dental care

	Number referred from child welfare centre	Number examined	Number needing treatment	Number treated	Number made dentally fit	Number of treatments given	Number of appointments not kept
Expectant and nursing mothers	874	636	633	627	418	2,399	865
Non-school children	1,196	908	864	804	683	1,574	430

(b) Forms of dental treatment provided

	Scalings and gum treatment	Fillings	Silver nitrate treatment	Crowns or inlays	Extractions	Anaesthetics		Dentures		Radio-graphs	Other operations
						Local	General	Full upper or lower	Partial upper or lower		
Expectant and nursing mothers	150	346	6	1	2,906	428	384	291	131	26	1,543
Non-school children	—	513	735	—	1,040	7	501	—	—	1	415

(c) Mechanical Dentistry

Dentures completed ..	428	Special trays	106
Dentures repaired ..	28	Bites	420
Dentures relined ..	12	Models cast	544
Cases reset for retry ..	65	Dentures under construction ..	21

HEALTH VISITING

Another year of steady progress with widening spheres of activity has been covered by the health visitors.

Home visits to babies from 11 days to the age of one year were, and must continue to be, the health visitor's main responsibility. There is close co-operation with the midwives at the time of take-over from them and effort is being spared to arrest the marked falling off in breast feeding. Early signs of stress and strain show themselves in some mothers in the first few weeks following confinement. Rapid detection of this condition with appropriate help through the family doctor, followed by intensive help of a practical nature from the health visitor and the referral of the condition to more specialized workers where this is necessary, often averts a serious and possibly long period of mental stress in the mother at a time when she is most needed in the home to care for her baby. Comparatively few require intensive visits at any period but to achieve good results in some cases this special attention is essential and though a lower total of visits was recorded, the health visitors carried out valuable preventive work.

During the first year of a baby's life it is most important to bring to the notice of parents the value of taking advantage of all the prophylactic measures available for the protection of their child. Parents have posed many questions to health visitors relating to poliomyelitis vaccination for various age groups and they are no doubt influenced by the advice given when making their decisions.

General practitioners and hospital staff, both medical and nursing as well as almoners, are calling upon the services of health visitors to a greater extent year by year. This may be due in part to the liaison health visitors who for several years have been attached to various hospitals in the City, including the teaching hospital with which a health visitor has been associated since 1941. Medical students accompany this health visitor on home visits to babies with feeding difficulties, or where there is unsatisfactory home management. As a result the students become aware of the duties of the health visitor, see what she achieves, and how the mother comes to rely on her for advice and guidance. Medical students also get an insight into the work at the child welfare centres and nurseries which widens their knowledge of the work of the Health Department.

The number of mothers attending some of the infant sessions has tended to fall; although this is unfortunate, the health visitor has used the extra time for more individual and group discussions and further health education. One centre has made particularly good progress in a group discussion session which is well attended and popular with the mothers.

The opening of several new centres during the year has given better opportunities for health education and has provided the mothers with pleasant, colourful surroundings in place of drab school or church halls.

In addition to her basic health visiting to the homes of parents with young children, the health visitor has other specialized duties of importance in the preventive field, covering all age groups. Screening tests of hearing in babies and young children have expanded and now four child welfare centres hold a weekly session in this work (see page 119).

Families with special problems beyond their own competence which have a marked effect on their general health and happiness take up a great deal of the health visitors' time. Case conferences are attended monthly where problems can be discussed with other social workers, when exchange of information and the pooling of resources often result in much needed help being given to such families.

The number of aged persons referred to the department has increased again over the past year; this is very essential work but again very time absorbing. There has also been a noticeable increase in the requests for visits to the intermediate age groups from teenage to late middle-age to resolve many problems.

Throughout her work, whether in the child welfare centre or in the course of home visiting, the health visitor is aware of the urgent need to apply every possible means to cut down the incidence of accidents in the home to persons of all ages but particularly babies, young children and aged persons.

Staff meetings have been held more frequently, giving better opportunities for discussion on all aspects of the work and this has proved invaluable when new projects are constantly becoming integrated into routine work.

Prevention of break-up of families (Circular 27/54)

During 1959, 42 families known to health visitors were brought to the notice of the Co-ordinating Committee for consideration at a case conference. 12 of these were new cases and 30 were carried forward from previous years.

The Committee met 11 times and the families were reviewed at intervals varying from one to six months.

The health visitors concerned attend to present a report on the family, to take part in the discussions and put forward their views for consideration with those of other social workers.

An important feature of the conferences is the co-operation between social workers in the various statutory and voluntary organizations, who pool their knowledge of the families under consideration and share the work of rehabilitation as seems most appropriate.

By courtesy of the Chairman of the Committee, student health visitors sit in as observers at each conference to gain experience. This is valuable to them during training, indicating what their responsibilities will be under circular 27/54, when they become qualified health visitors.

Problems under review are frequently brought about by lack of co-operation between the parents, and the failure to recognize and accept their joint responsibilities of home making, including budgeting the income, and child care. The husband often retains an unfair share of his earnings for self-indulgence, at the cost of depriving the home, his wife and family of basic requirements for their comfort and health. In other instances he may be frequently unemployed or ill.

The wife may be a poor manager or may have ill-health and be physically unequal to the burden of managing the home and children. The most difficult parents are those of low intelligence who are unable to respond to the advice given; they need help and constant supervision in managing the home and bringing up the children for as long as there are young children to be dealt with, if the family unit is to be maintained in a state of reasonably good health.

Poor and overcrowded living accommodation, lacking in the essential services and conveniences which should be the accepted standard in a home all add to the difficulties of these socially inadequate families ; many of them who occupy so-called " furnished " accommodation are frequently charged exorbitant rents, thus reducing the balance of the income for other requirements out of all reasonable proportion.

Help from various statutory and voluntary organizations may be required to start the process of rehabilitation, which in some instances may be very long term.

As progress is made, it is often most helpful to arrange for the admission of the mother and young children to the Brentwood Rehabilitation Centre at Marple, Cheshire, for a few weeks. Here the mother will be helped by the Warden and her staff to regain her health, and at the same time will receive instruction and practical guidance in home making and child care, in a friendly and understanding atmosphere. On discharge, help and support must be maintained by those who have worked with the family during the early stages and the health visitor keeps in close contact for as long as necessary. The supervision of this type of family takes up a great deal of her time, but results can be very rewarding. Throughout the process of rehabilitation the husband must co-operate if any measure of success is to be obtained.

Other valuable measures available for an over-burdened mother are the services of a home help, admission of a child or children to a day nursery, with free placement for a time in some special circumstances. Many of the children of these families require a period of convalescence and this is arranged, provided that the family doctor is in agreement.

Various voluntary organizations also give invaluable help, but whichever social workers are drawn in to help the family, good co-operation is essential between all concerned to avoid too many people visiting the home.

Notification of births

The total number of notifications adjusted by transfer was 12,665 comprising 12,349 live births and 316 still-births.

Total registered births numbered 12,638 and of these 1,181 were illegitimate.

It has been possible in 12,267 (12,015 live births and 252 still-births) representing 97 per cent. of the total registered births in the City, to consider the place in the family of each birth, and this is shown in the following table.

Full-time and premature births have been separated, the standard birth weight of 5½lb. or under having been adopted in 1938.

Births investigated during 1959 to show place in family

Place in family	Live births						Still-births						Live and still-births
	Legitimate			Illegitimate			Legitimate			Illegitimate			
	Full term	Pre- mature	1959 Per cent.	Full term	Pre- mature	1958 Per cent.	Full term	Pre- mature	1959 Per cent.	Full term	Pre- mature	1958 Per cent.	
1st	3,337	240	32.72	306	49	33.81	26	39	28.57	1	6	39.25	32.64
2nd	2,954	176	27.61	163	25	27.31	18	26	19.05	2	2	17.72	27.45
3rd	1,777	106	16.74	114	14	16.54	19	20	16.27	1	1	12.24	16.73
4th	981	55	9.19	54	14	9.04	8	16	11.11	1	3	10.97	9.23
5th	568	47	5.68	62	6	5.46	7	13	7.94	—	—	6.33	5.73
6th	314	27	3.20	43	—	3.42	5	9	5.95	1	—	4.64	3.25
7th	189	24	1.96	21	2	1.78	6	6	4.76	—	—	2.53	2.02
8th	117	17	1.28	17	3	1.10	1	1	1.19	1	—	2.11	1.28
9th	61	12	0.68	8	1	0.75	—	2	0.79	—	—	1.69	0.68
10th	39	1	0.38	5	—	0.26	3	—	1.59	—	1	0.84	0.40
11th	25	1	0.23	2	—	0.22	1	1	1.19	—	1	0.84	0.25
12th	14	2	0.17	4	—	0.13	—	1	0.40	—	—	0.84	0.17
13th	6	—	0.06	1	—	0.06	1	1	0.79	—	—	—	0.07
14th	4	—	0.04	1	—	0.06	1	—	0.40	—	—	—	0.05
15th	3	—	0.03	—	—	0.03	—	—	—	—	—	—	0.03
16th	2	—	0.03	1	—	0.03	—	—	—	—	—	—	0.02
Totals	10,391	708	100.00	802	114	100.00	96	135	100.00	7	14	100.00	100.00
12,015						12,267						252	

(1) Age of mothers at birth of children during 1959 showing place in family of each birth

Age groups	Place in family																Total births
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
15—19	665	130	11	—	1	—	—	—	—	—	—	—	—	—	—	—	807
20—24	1,950	1,247	483	132	37	16	5	2	—	—	—	—	—	—	—	—	3,872
25—29	897	1,156	674	348	207	102	32	17	2	3	2	1	—	—	—	—	3,442
30—34	340	558	531	352	238	130	93	49	31	9	4	3	1	2	—	—	2,341
35—39	122	243	293	237	155	119	91	72	35	29	16	11	4	1	1	1	1,430
40—44	30	31	57	59	63	28	25	15	15	8	5	5	4	2	2	2	353
45+	—	1	3	4	2	4	2	2	1	—	4	1	—	1	—	—	25
	4,004	3,366	2,052	1,132	703	399	248	157	84	49	31	21	9	6	3	3	12,267

(2) Age of mothers at birth of children during 1935 showing place in family of each birth

Age groups	Place in family																		Total births
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	19	
15—19	294	25	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3
20—24	1,617	718	184	39	9	1	1	—	—	—	—	—	—	—	—	—	—	—	2,551
25—29	1,419	1,054	540	253	97	44	19	2	2	—	—	—	—	—	—	—	—	—	3,444
30—34	489	627	486	337	207	140	74	50	17	7	5	1	—	—	—	—	—	—	2,443
35—39	118	288	235	194	159	132	111	88	65	30	16	6	4	1	2	—	—	—	1,441
40—44	18	40	50	68	69	53	53	40	31	32	18	6	7	5	1	1	1	1	401
45+	—	2	—	5	9	6	4	1	6	7	5	5	4	3	1	—	—	—	—
	3,955	2,754	1,496	896	550	376	262	181	121	76	44	18	15	9	4	1	1	1	10,771

The 1959 births are further analysed to show the difference between legitimate and illegitimate births and live and still-births.

Age of mothers at birth of live children during 1959

(A) Place in family of each investigated birth (legitimate)

Age groups	Place in family																Total births
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
15—19 ..	538	120	10	—	1	—	—	—	—	—	—	—	—	—	—	—	669
20—24 ..	1,752	1,150	432	112	32	8	3	1	—	—	—	—	—	—	—	—	3,490
25—29 ..	835	1,084	622	321	178	90	23	15	2	3	2	1	—	—	—	—	3,170
30—34 ..	317	530	498	332	212	113	82	40	29	7	4	3	1	2	—	—	2,170
35—39 ..	108	219	268	212	137	104	78	63	27	25	15	7	3	1	1	1	1,266
40—44 ..	27	26	50	55	53	23	25	13	14	5	2	4	2	1	2	1	300
45+ ..	—	1	3	4	2	3	2	2	1	—	3	1	—	—	—	—	20
	3,577	3,130	1,883	1,036	615	341	213	134	73	40	26	16	6	4	3	2	11,091

(B) *Place in family of each investigated birth (illegitimate)*

Age Groups	Place in family																Total births
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
15—19..	113	10	1	—	—	—	—	—	—	—	—	—	—	—	—	—	124
20—24..	171	79	43	12	4	3	1	1	—	—	—	—	—	—	—	—	314
25—29..	42	56	38	19	24	7	6	2	—	—	—	—	—	—	—	—	194
30—34..	19	18	20	12	19	13	6	8	1	1	—	—	—	—	—	—	117
35—39..	8	20	19	21	12	15	10	7	7	2	1	3	—	—	—	—	125
40—44..	2	5	7	4	9	4	—	2	1	2	1	1	1	1	—	1	41
45+ ..	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1
	355	188	128	68	68	43	23	20	9	5	2	4	1	1	—	1	916

Age of mothers at birth of still-born children during 1959

(A) *Place in family of each investigated still-birth (legitimate)*

Age Groups	Place in family														Total births
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	
15—19..	10	—	—	—	—	—	—	—	—	—	—	—	—	—	10
20—24..	26	17	7	8	1	5	1	—	—	—	—	—	—	—	65
25—29..	19	15	13	6	5	5	3	—	—	—	—	—	—	—	66
30—34..	3	9	13	7	7	4	5	1	1	—	—	—	—	—	50
35—39..	6	3	6	3	6	—	3	1	1	2	—	1	1	—	33
40—44..	1	—	—	—	1	—	—	—	—	1	1	—	1	—	5
45+ ..	—	—	—	—	—	—	—	—	—	—	1	—	—	1	2
	65	44	39	24	20	14	12	2	2	3	2	1	2	1	231

(B) *Place in family of each investigated still-birth (illegitimate)*

Age groups		Place in family											Total births
		1	2	3	4	5	6	7	8	9	10	11	
15—19	.. .. .	4	—	—	—	—	—	—	—	—	—	—	4
20—24	.. .. .	1	1	1	—	—	—	—	—	—	—	—	3
25—29	.. .. .	1	1	1	2	—	—	—	—	—	—	—	5
30—34	.. .. .	1	1	—	1	—	—	—	—	—	1	—	4
35—39	.. .. .	—	1	—	1	—	—	—	1	—	—	—	3
40+	.. .. .	—	—	—	—	—	1	—	—	—	—	1	2
		7	4	2	4	—	1	—	1	—	1	1	21...

Found children

The health visitors found 2,374 children belonging to families which had moved into Manchester during the year. The year of birth was as follows:—

1,079	born	1959
432	„	1958
369	„	1957
291	„	1956
203	„	1955
<hr/>		
2,374		
<hr/>		

Deaths

Deaths occurred amongst children under 5 years of age.

The classification according to age is:—

Children under 1 year	..	..	..	..	..	..	325
„ 1—2 years	..	..	..	..	..	..	18
„ 2—3 years	..	..	..	..	..	..	9
„ 3—4 years	..	..	..	..	..	..	7
„ 4—5 years	..	..	..	..	..	..	5
							<hr/>
							364
							<hr/>

The prevention of accidents in the home

Unfortunately the number of accidents which take place in the home exceeds those of street accidents, although the latter tend to receive far more publicity.

No one is more aware of the seriousness of the position than health visitors who know that the main victims are the very young and the aged, the most vulnerable but the most helpless sections of the population. Their privilege, as health visitors, of entering so many homes enables them to observe the hazards in various parts of the home, and help, by sound practical advice, parents and others to be on the alert and to take preventive measures.

Both in the home and child welfare centres simple discussions take place regularly. These are supplemented by more formal talks in the centres where visual aids, in the form of suitable demonstration material such as flannel-graphs, and the charts of accident figures, etc., help to impress on the minds of those listening the dangers which exist and the importance of preventive measures: it is hoped that the discussions are continued at home with friends and neighbours, thus making a further contribution to the reduction of home accidents, so very many of which are preventable.

Screening tests of hearing in babies and young children

This work has increased still further during 1959. A weekly session was started at the Ardwick Child Welfare Centre on July 29th, 1959, making a total of four centres fully equipped and staffed by health visitors specially trained to do this work.

It is anticipated that another centre similarly equipped will commence a weekly session early in 1960. Simple tests are carried out at all the child welfare centres and by health visitors in their home visits to children. Doubtful cases are referred to one of the four centres mentioned above for further tests. Those not passing the further tests are referred, with the consent of the family doctor, to the Department of Education of the Deaf at Manchester University. The Woodhouse Park and Chorlton-on-Medlock centres are made use of periodically by the Director of the Department of Education of the Deaf in connection with training courses arranged for medical officers, health visitors, audiology students, etc., and the staff at the centres assist on these occasions.

In addition, guidance to parents of deaf children under the age of five years is carried out in the child's home by specially trained health visitors under the supervision of the Director and his staff.

During 1959, three centre medical officers on the staff of the Health Department attended a short course of training, and four health visitors attended a long course on screening tests of hearing.

This work should have far-reaching beneficial effects on babies and young children found to have defective hearing, because of early diagnosis and treatment readily made available through the Director of the Department of Education of the Deaf at Manchester University.

Northenden and Woodhouse Park Child Welfare Centres

In July the screening sessions formerly held at the Northenden centre were transferred to the new centre at Woodhouse Park. 44 screening sessions were held in 1959. 393 children were tested with the following results:—

313 passed at the first test.

80 were re-tested. Of the re-tests 73 passed at subsequent tests and 7 were referred to the Department of Education of the Deaf at Manchester University for a further opinion.

The results of the 7 referred to the University were as follows:—

- (1) Nothing abnormal discovered—earlier lack of response was due to prematurity and late development of low threshold.
- (2) Acuity over speech range of frequencies not within normal limits. Referred to Ear, Nose and Throat Consultant.
- (3) Hearing not within normal limits. Referred to Ear, Nose and Throat Consultant.
- (4) Nothing abnormal discovered.
- (5) Nothing abnormal discovered.
- (6) Hearing loss—particularly on the bone frequency.
- (7) Partially deaf—to have a hearing aid for both ears.

The children tested at these screening sessions were mostly centre attenders who were offered a test in the normal routine. A few were referred from other centres.

Chorlton-on-Medlock Child Welfare Centre

42 screening sessions were held in 1959. 202 children were tested with the following results:—

138 passed at the first test, one of whom was referred to the Education Department as a retarded child;

64 failed the first test; of these—

41 were re-tested and passed;

2 did not return for a further test;

1 was transferred to Ardwick centre for re-test (as it was nearer the child's home);

3 were referred to the Education Department for supervision;

1 was referred to the Day Nursery Medical Officer for observation;

1 was referred to the Child Welfare Centre Medical Officer for observation;

1 had tonsillectomy performed;

2 are awaiting permission from the family doctor to refer them to the Department of Education of the deaf. (Children are tested three times before being referred to that Department);

12 were referred to the Department of Education of the Deaf, and of those—

6 had conductive loss;

1 had hearing loss and is to be re-tested there;

1 had hearing loss—70 decibels;

2 hearing may be within normal limits (under observation);

1 refused the appointment and is to be followed up by Department of Education of the Deaf;

1 awaiting re-test at the Department.

Two training courses for medical officers, involving the testing of 24 children, and three practice sessions for audiology students, involving the testing of 25 children, were held at the centre in addition to the tests listed above.

The following overseas visitors attended the centre to observe the screening test sessions:—

1 doctor from Pakistan;

1 doctor from Holland.

Four children tested at the end of 1958 but for whom the results were not known until 1959 were diagnosed as follows:—

(1) Deaf—hearing aid advised.

(2) Hearing loss confirmed.

(3) Profoundly deaf and admitted to School for the Deaf.

(4) Conductive loss.

The undermentioned visits were paid by a health visitor from the centre to the Department of Education of the Deaf:—

6 short visits for purpose of discussion concerning children receiving guidance in their own homes;

2 visits taking a child to the Department when the mother was ill;

4 Saturday afternoon visits, to meetings which are arranged by the Department for the parents of deaf children for talks and discussions.

A talk entitled "Guidance to parents of deaf children" was given by the Centre health visitor, at the Department of Education of the Deaf, to health visitors taking a course on screening tests of hearing.

14 individual children received the service described in this talk and 82 home visits were paid, in addition to 23 visits when no access was obtained.

The work involved in home visits may be summarized as follows:—

- (1) help in general management of the child;
- (2) encouragement to parents who tend to become easily despondent;
- (3) observation of difficulties which delay the progress of the child;
- (4) advice given on—
 - (a) home conditions;
 - (b) anxiety of parents;
 - (c) health problems;
- (5) general guidance to parents in helping child to lip-read and use hearing aid.

The social background of many of the children visited has been poor. Much help has been needed apart from the usual guidance necessary in dealing with deaf children. Considerable time is taken up in tracing addresses of the many who remove frequently.

Two of the children have been admitted to the Residential School for the Deaf and two admitted to the Class for Partially Deaf at Princess Road School.

One young unmarried mother who has a spastic deaf child, now two years of age, has had many problems but has managed her child extremely well. She has attended with him at the Department of Education of the Deaf for guidance, and for physiotherapy at a hospital out-patient clinic. A free place has been obtained for the child in a day nursery to enable the mother to go to work. The child has had two periods in hospital but is now walking and saying odd words. Living accommodation was formerly most unsatisfactory but the mother has now found a room which is suitable for them both and she has received help with bedding and clothing from the W.V.S. She has now decided to stay at home and care for her child as she realises that later on he will probably require residential accommodation for special education and continuation of treatment, and they will then be parted for long periods. A mother more happily situated could scarcely have done more for her child.

Wytham Child Welfare Centre

49 screening sessions were held in 1959. 263 children were tested with the following results:—

251 passed at the first test;

12 failed and were re-tested. Of these—

8 had a catarrhal condition; 4 passed at the second test and 4 are awaiting re-tests;

2 had tonsillectomy performed—one of these has been re-tested and passed, the other is due for re-testing;

1 child who failed the first test was taken by the parents to the family doctor who referred the child to the Department of Education of the Deaf, Manchester University, and the result is awaited;

1 child failed three tests and was referred to the Department of Education of the Deaf and this result is also awaited.

Ardwick Child Welfare Centre

The screening tests of hearing were commenced at the Ardwick Child Welfare Centre on the 29th July, 1959.

One session was held weekly from 29th July to 31st December during which period 131 children from 7 months to 5 years of age were tested. Of these, 91 children were referred from the Ardwick Centre attenders and 40 children were referred from surrounding child welfare centres.

The results of the tests were as follows:—

125 children passed at the first test;

6 children were given second appointments, 5 of whom attended and passed the tests at the second visit. One child only did not attend for the second time as requested.

No child had to be referred to the Department of Education of the District.

During these first five months the routine tests have been keenly appreciated by the mothers.

Co-operation with hospitals in the region

A health visitor is attached to each of the following hospitals and clinics:

St. Mary's Hospital (Department of Child Health).

Booth Hall Hospital for babies and children.

Duchess of York Hospital for babies.

St. Luke's Clinic (V.D. contact tracing)

Manchester Royal Infirmary (Diabetic Clinic).

In addition three of the tuberculosis health visiting staff with districts in the south side of Manchester attend at Baguley Sanatorium each week, to meet the chest consultant, almoner and other staff for discussions in relation to their work. Liaison is also maintained with Wythenshawe Hospital, the health visitors in the area attending at the hospital once a week on a rota basis to hold discussions with the paediatric consultant, almoner and other hospital staff as appropriate.

St. Mary's Hospital (Department of Child Health)

In the clinic the health visitor deals mainly with social matters and with feeding problems of the baby and young child. For the more difficult ones a home visit is arranged and a report on home conditions made to the paediatrician who is kept informed of subsequent progress.

During 1959, 537 home visits were paid to families for the following reasons:—

- (1) Feeding difficulties. This is especially important when trying to establish breast feeding.
- (2) Follow-up at home of babies who have been discharged after in-patient treatment.
- (3) At the request of the medical officer in charge of the B.C.G. clinic a home visit is paid when there is a family history of tuberculosis. Advice is given to the parents regarding B.C.G. vaccination.
- (4) Special visits to problem families. In these cases good contact is maintained with other social workers dealing with these families.
- (5) Where there is any abnormality in the pregnancy a home visit is paid when the mother fails to attend the ante-natal clinic.
- (6) Home visits to the babies and toddlers of diabetic mothers.

Two senior medical students are taken on home visits each week.

In all this work close contact is kept with the area health visitor, the general practitioner of the family concerned, and with the hospital almoners.

Booth Hall Hospital and Duchess of York Hospital

Health visitors are present at ward rounds and visit the out-patient departments. This ensures full co-operation with medical and nursing staff and with the almoners.

The district health visitor submits reports on home conditions to the hospital staff as required, and supervision is provided on discharge home.

St. Luke's Clinic

The health visitor's duties are mainly in connection with tracing contacts of cases of venereal diseases attending the V.D. clinics (see venereal diseases, page 164).

Diabetic Clinic, Manchester Royal Infirmary

The work of the health visitor in the clinic is to help patients referred by the doctor. They are mainly newly diagnosed diabetic patients or those for whom there is any change in diet or treatment. Advice is given on any of these problems.

A home visit is paid to follow the progress of the patient and to give advice at the home on the diabetic regime.

Types of patient seen at home:—

- (1) The elderly man or woman who, in the atmosphere of the hospital, is obviously too bewildered to listen to instructions.
- (2) The young man or woman presenting a "couldn't care less" attitude towards the doctor. More often than not these patients are deeply disturbed to learn that they are suffering from a condition which at present cannot be cured. Help can be given to these patients by seeing them at home, listening to their problems and discussing the situation with their wives or families.
- (3) Close contact is maintained with the parents of young children attending the clinic.

Health education is the health visitors' main work both in the clinic and the home. She is concerned mainly with the following points:—

- (1) Technique of giving injections.
Care of syringe and needles.
Correct measurement of units of insulin.
- (2) Testing of urine and discussion on the results of the test.
- (3) How to recognise and prevent complications, e.g. hypoglycaemia.
- (4) Assessment of income. This is particularly important with elderly diabetics. The income must be sufficient to cover the full cost of the diabetic diet. In cases where extra financial help is felt to be required contact is made with the National Assistance Officer of the area and the response is always prompt and to the benefit of the patient.

Reports on home conditions are given to the doctor concerned in the case.

143 home visits were made in 1959.

Four talks were given to various groups of the British Diabetic Association and the work of the liaison health visitor with the diabetic patient.

Lectures and practical experience

Other aspects of co-operation with the hospitals were in the field of training. Health visitors lectured to hospital student nurses on "The Social Aspects of Disease" and on "The Work of the Public Health Nurse," and hospital nurses gained practical experience by making home visits with health visitors and visits of observation to infant clinics at the maternity and child welfare centres. Discussions were held after such visits between the health visitors and the nurses concerned.

Lectures on the social aspects of disease

344 hospital student nurses attended a lecture (in 11 groups).

Lectures on the work of the public health nurse

191 attended a lecture (in 17 groups).

Practical work

137 student nurses were taken into the homes on the district and paid a visit of observation to an infant clinic, followed by a discussion on the work.

Co-operation with voluntary social organizations

The health visitors greatly appreciated the help received during the year from many voluntary organizations in the course of their work with problem families, the aged and infirm and others who, through illness or other misfortune, need such help. Much assistance of a practical nature was obtained, including financial help in some instances of great distress when essential services such as the supply of gas or electricity had been cut off and where there were young children and often a baby to be cared for. Without such help many families undoubtedly would have been broken up and the prevention of this catastrophe always gives great satisfaction. This type of assistance sometimes proves a turning point in the lives of the parents concerned, who realize how near disaster they had been, and will, as a result, be more willing to accept advice and guidance and learn the importance of "self-help."

The Inspectors of the National Society for the Prevention of Cruelty to Children have again worked throughout the year in close co-operation with the health visitors. The personal contact on the district and at Case Conferences has led to a good understanding of each other's work and fostered the team spirit.

Co-operation with School Health Service, 1959

A report on every child reaching school age and known, on the final visit of the health visitor to be suffering from medical defect, or to have an unsatisfactory family history, or unsatisfactory home conditions, is referred to the School Health Service.

1,165 such summaries were forwarded during 1959, classified as follows:

Unsatisfactory condition in the health of the child ..	875
Unsatisfactory condition in the family either of health or of home conditions	49
History of tuberculosis in child	10
History of tuberculosis in family	223
History of rheumatism in child	3
History of rheumatism in family	5

1,165

Children with physical or mental defect

1. Total number of defective children 0-5 years on the register at 31st December, 1959	954
2. Number of those born during 1959	110
3. Number of deaths during 1959	83
4. Number who recovered during 1959	29
5. Number who removed out of Manchester during 1959 ..	24

Included in the numbers quoted above are 296 children referred to the School Health Service in accordance with Section 34 of the Education Act, 1944.

Welfare of women and children on canal boats

During 1959 only one boat with young children on board was known to be up for a few days in Manchester. It was possible in this case for the health visitor of the area to visit this family. There were 4 children, 3 of whom were under 5 years. They were all clean, tidy and well mannered. Advice was given to the parents' request with regard to immunizing and vaccinating the children. The health visitor was given a friendly reception by this family who were paying their first visit to the City.

Care of aged and infirm persons and the sick

There has been a further increase in the work for the aged during 1959. 124 names were brought forward from 1958 and during the year 961 new patients were referred and a total of 9,792 home visits were paid.

These figures give scant indication of the time spent in carrying out this work. Initial visits are often very prolonged and close supervision is frequently necessary. Clinic nurses assist the health visitors by carrying out some of the follow-up visits after problems have been straightened out and the services required have been put into operation.

Requests for service to the aged came from many and varied sources, as the following list shows:—

<i>Referred by</i>	<i>Number</i>
Hospitals	258
General practitioners	119
Welfare Services Department	207
Neighbours	67
Relatives	80
Health visitors	80
Medical Officer of Health for another area	1
Members of the City Council	34
Home helps	14
Mental Health section	13
Sanitary section	19
District nurses	16
National Assistance Board officials	15
Council of Social Service	5
Self referred	11
Superintendent of flats	3
Housing Survey section	5
Probation officer	1
Education Department (Convalescent section)	1
Blind Aid Society	2
Women's Voluntary Services	1
Ministers of religion	3
Police	1
Nursing Appointments Officer	1
Matron of a women's hostel	1
Matron of a holiday home	2
House agents	1

Those referred include patients attending hospital out-patient department, those awaiting admission, and patients discharged from hospital and requiring supervision, as well as many who were just living alone. Some did not need hospital admission but supervision in the home with the application of domiciliary services was necessary to improve the standard of care and attention. This is particularly the case where aged persons live alone and are undernourished due to the lack of a satisfactory diet over a long period.

The condition of self-neglect frequently includes dirty and verminous conditions of the person and home, and during the past year 86 persons, of whom 42 were verminous, were cleansed at Monsall Clinic. This must be followed by close supervision to avoid the conditions being repeated. Many cases also require a great deal of material help if they are to be able to remain at home. Every effort is made to keep them in their own homes as long as possible by making full use of the domiciliary services and those available through the voluntary organizations, each individual being considered according to his or her special needs. The earlier some of the services are put in operation the less gross will be the condition of neglect or undernourishment and the better the chances of keeping the patient at home. The loan of sick room equipment and the loan and laundering of linen for incontinent persons have proved a great help to all concerned.

Where everything else fails, removal to hospital or to a welfare service home may be necessary. For those unwilling to be moved, special provision is made by Section 47 of the National Assistance Act, 1948, for securing the removal of persons who—

- (a) are suffering from grave chronic disease or, being aged, infirm or physically incapacitated, are living in insanitary conditions, and
- (b) are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

In dealing with the aged and infirm and sick persons, close liaison is maintained with general practitioners, district nurses, hospital almoners, staff of the Welfare Service Department, members of the Old People's Welfare Committee and others interested in the care of aged persons, including relatives and neighbours, as good team work gives the most satisfactory results.

During the year 62 persons, all over the age of 70 years, were sent to "Binswood" for a recuperative holiday.

The attached case histories of Mrs. A. and Mrs. B. give some indication of the work for the aged sick, and the services by which they are helped.

Case history—Mrs. "A"

Mrs. "A" was 77 years old when she was referred to the Health Department by her general practitioner in November, 1959.

Two months previously she had fractured her right leg as a result of which she had been a hospital in-patient for five weeks. On her return home she was cared for by her husband, but since he was also in part-time employment he found himself quite unable to cope with the extra washing arising from Mrs. "A" being incontinent. Accordingly the district nurse, who was visiting daily to give general nursing care, arranged for the Department's service for the laundering of bed linen of chronic sick persons nursed at home to be provided; she also arranged for the Sick Room Equipment Loans Service to provide a bed pan. Extra blankets were found to be required and these were

provided by the Family Welfare Association. Since Mrs. "A" was also in need of physiotherapy treatment she was, for a time, taken daily by ambulance to hospital but eventually the mobile physiotherapy unit was requested to provide her physiotherapy. The services of a home help were refused by the husband.

The district nurse continued to attend twice daily and the health visitor also paid frequent visits, but Mrs. "A's" condition gradually deteriorated and at the end of the year it became necessary for her to be re-admitted to hospital for treatment.

Case history—Mrs. "B"

Mrs. "B" was first brought to the notice of the Health Department in 1955 as a hospital almoner. She was then 70 years old, deaf, practically blind, and living in a two-roomed Corporation bungalow. Aged neighbours assisted her with domestic work and shopping since Mrs. "B's" only living relative was a sister aged 84 years.

After a call by the health visitor, arrangements were made for Home Help service to be given. Not long after this Mrs. "B" decided that she would like to live in an old persons' home and in January, 1956, the Welfare Services Department arranged for her admission to such a home, but after only a few weeks she decided she wanted to return to her own bungalow. The health visitor continued to supervise and when Mrs. "B" developed a varicose ulcer on her leg the general practitioner and the district nurse attended to give treatment.

Meanwhile a visitor from the Blind Aid Society, who had been calling regularly, arranged for a period of convalescence during 1957. After Mrs. "B" returned home the Women's Voluntary Services were asked to provide the meals on Wheels Service, which was much appreciated.

Unfortunately the old lady found it increasingly difficult to walk due to arthritis in her legs and the health visitor therefore decided to increase the frequency of her visits and she arranged for the Home Help Service to be increased to three sessions weekly.

The following year the health visitor noted a deterioration of the arthritic condition and she arranged for the provision of the Domiciliary Chiropody service and for a period of further convalescence.

During 1959 all services were continued and in August Mrs. "B" once again decided she would like to live permanently in an old persons' home. The Welfare Services Department arranged for her to be admitted in December to a newly opened home where it is hoped she will be very happy.

The following table gives the number of persons referred to the department and visits paid from 1948 to 1959:—

Aged and infirm persons dealt with by health visitors				
1948—1959				
1948	New patients	14		Visits paid ..
1949	Brought forward from 1948	8		
	New patients	279		
		<hr/>	287	Visits paid ..
1950	Brought forward from 1949	51		
	New patients	469		
		<hr/>	520	Visits paid .. 1
1951	Brought forward from 1950	172		
	New patients	701		
		<hr/>	873	Visits paid .. 2
1952	Brought forward from 1951	336		
	New patients	722		
		<hr/>	1,058	Visits paid .. 3
1953	Brought forward from 1952	521		
	New patients	945		
		<hr/>	1,466	Visits paid .. 5
1954	Brought forward from 1953	593		
	New patients	985		
		<hr/>	1,578	Visits paid .. 6
1955	Brought forward from 1954	756		
	New patients	975		
		<hr/>	1,731	Visits paid .. 6,
1956	Brought forward from 1955	885		
	New patients	965		
		<hr/>	1,850	Visits paid .. 7,
1957	Brought forward from 1956	1,031		
	New patients	841		
		<hr/>	1,872	Visits paid .. 7,
1958	Brought forward from 1957	1,061		
	New patients	890		
		<hr/>	1,951	Visits paid .. 8,
1959	Brought forward from 1958	1,124		
	New patients	961		
		<hr/>	2,085	Visits paid .. 9,

Details given below show the action taken to deal with aged and infirm persons with the comparable figures for 1958:—

	1958	1959
Voluntary admissions to hospitals—		
Crumpsall	113	110
Withington	161	174
Manchester Royal Infirmary	21	25
Monsall	4	14
Royal Eye	1	—
Ancoats	4	4
Hope	1	1
Wythenshawe	9	7
Jewish	1	2
Ladywell	1	—
Southport Infirmary	1	—
Patricroft	1	—
Northern	—	2
Royal Bath Hospital, Harrogate	—	1
Park Hospital, Davyhulme	—	1
Sandbach	—	1
Langho Colony	—	1
Salford Royal	—	1
Dumfries Infirmary	—	1
Devonshire	—	1
Stepping Hill	—	1
Admitted to nursing homes—		
Little Sisters of the Poor	9	6
Jewish Home for the Aged	2	4
Salvation Army Home	1	2
Private Nursing Home	15	6
Broughton House, Kersal	1	—
Transferred to—		
Mental Health Section	22	16
Welfare Services Department	84	80
Sanitary Services Division	1	—
Tuberculosis Section	1	—
Blind Aid Society	1	1
Died at home	196	207
Removed to care of relatives	27	24
Unable to trace	14	17
Removed outside Manchester area	15	20
Recovered (nursed at home)	4	4
Compulsory removals under Section 47 of National Assistance Act, 1948	24	26
Discharged, no further action necessary	92	79
Carried forward at 1st January, 1959, and 1st January, 1960	1,124	1,246
	1,951	2,085
Total number of visits paid during the period 1st January to 31st December, 1958	8,787	—
Total number of visits paid during the period 1st January to 31st December, 1959	—	9,792

Particulars of persons dealt with under Section 47 of the
National Assistance Act, 1948, and (Amendment) Act, 1951
during the year 1959 and those carried forward
from 1956, 1957, and 1958

			<i>Brou</i> <i>forwa</i>
1956	Cases brought forward to 1st January, 1959	1	
	Court order still in force	1	
1957	Cases brought forward to 1st January, 1959		
1958	Cases brought forward to 1st January, 1959	6	
	Settled in accommodation during 1959; renewal of Court order not required	3	
	Discharged to care of relatives	1	
	Died during 1959	2	
1959	New cases.. .. .	26	
	Settled in accommodation; renewal of Court order not required.. .. .	11	
	Discharged home to care of relatives.. .. .	1	
	Died during 1959	8	
	Number carried forward to 1st January, 1960		
Summary of cases still in accommodation under Court order from 1956, 1957 and 1958 and those dealt with for the first time during 1959:—			
	Settled in accommodation during 1959 and extension of Court order not required	14	} 33
	Died	10	
	Court orders still in force	7	
	Discharged	2	
	Number carried forward to 1st January, 1960		7

Section 47—National Assistance Act, 1948, and (Amendment) Act, 1951—cases dealt with during 1959

Sex	Age Years	Reason for Council's action	Period named in the order of the Court	Type of accommodation to which the person was removed	Result of Council's action	Other information of interest	Ultimate result
F.	68	Aged and infirm person. Suffering from grave chronic disease. Unable to devote to herself and not receiving from other persons proper care and attention	3 weeks	Chronic sick bed. Withington Hospital	Court Order taken out 23rd January, 1959	Undernourished and refused all offers of food. Collapsed in street whilst selling newspapers. Refused all offers of help. Home Help, District Nurse, etc., and refused to consider hospital treatment	Discharged to care of relative 3rd March, 1959
F.	62	Aged and infirm person. Living in insanitary conditions. Unable to devote to herself and not receiving from other persons proper care and attention	3 months	Part III accommodation, Newholme	Court Order taken out 28th January, 1959	Very undernourished. Smoked almost continuously and neglected meals. Refused all help or to consider Part III accommodation. Unfit to live alone	Settled in Withington Hospital 8th April 1959
F.	79	Aged and infirm. Physically incapacitated. Living in insanitary conditions. Unable to devote to herself and not receiving from other persons proper care and attention	3 months	Part III accommodation, Newholme	Court Order taken out 28th January 1959	Very undernourished and mentally confused. Collapsed in street. Refused to consider hospital treatment. Unfit to live alone	Settled in Newholme 17th June, 1959
F.	75	Aged and infirm. Living in insanitary conditions. Unable to devote to herself and not receiving from other persons proper care and attention	3 months	Part III accommodation, Newholme	Court Order taken out 28th January, 1959	Senile and undernourished. Had food in the house but would not trouble to eat. Very resentful in manner with her family. Refused to consider Part III accommodation. Unfit to live alone	Died in Withington Hospital 10th April, 1959
F.	83	Aged and infirm person. Living in insanitary conditions. Unable to devote to herself and not receiving from other persons proper care and attention	3 months	Part III accommodation, Newholme	Court Order taken out 28th January, 1959	Senile, very confused. Wandered in the street at night. Wasted food and fed the cat rather than take food herself. Danger of fire. Constantly poking fire and removed fireguard when placed in position. Refused to consider Part III accommodation. Unfit to live alone	Settled in Newholme 16th April, 1959
F.	79	Suffering from grave chronic disease. Unable to devote to herself and not receiving from other persons proper care and attention	3 weeks	Chronic sick bed in Withington Hospital	Court Order taken out 3rd February, 1959	Very senile and ill. Marked oedema of legs, hands and eyelids. Condition deteriorated rapidly. Collapsed at home. Police broke into house. Ambulance arranged for removal to hospital. Patient refused to go	Died in Withington Hospital 3rd February, 1959

Sex	Age Years	Reason for Council's action	Period named in the order of the Court	Type of accommodation to which the person was removed	Result of Council's action	Other information of interest	Ultimate result
F.	87	Suffering from grave chronic disease. Unable to devote to herself and not receiving from other persons proper care and attention	3 weeks	Chronic sick bed in Withington Hospital	Court Order taken out 17th February, 1959	Senile and undernourished. Wandered away from home. Phlebitis, both legs, with marked oedema. Multiple bruises due to falls. Refused to consider hospital treatment. Unfit to live alone	Died in Withington Hospital 11th May, 1959
F.	80	Suffering from grave chronic disease. Living in insanitary conditions. Unable to devote to herself and not receiving from other persons proper care and attention	3 months	Chronic sick bed in Withington Hospital	Court Order taken out 25th February, 1959	Mentally confused. Large septic area left foot. Refused to let doctor examine same. Refused hospital treatment. Unfit to live alone	Settled in Newholme 30th April, 1959
F.	73	Aged and infirm. Unable to devote to herself and not receiving from other persons proper care and attention	3 weeks	Part III accommodation, Newholme	Court Order taken out 23rd March, 1959	Senile and confused. Refused medical treatment. Wandered at night. Grave fire risks	Settled in Newholme 17th June, 1959
F.	76	Aged and infirm person. Living in insanitary conditions. Unable to devote to herself and not receiving from other persons proper care and attention	3 months	Part III accommodation, Springfield	Court Order taken out 23rd April, 1959	Very senile and confused mentally. Condition deteriorated rapidly. Refused all offers of help and refused Part III accommodation. Unfit to live alone	Died in Springfield 14th May, 1959
F.	71	Aged and infirm person. Living in insanitary conditions. Unable to devote to herself and not receiving from other persons proper care and attention	3 months	Part III accommodation, Newholme	Court Order taken out 23rd April, 1959	Undernourished. Condition deteriorating. Refused all offers of help. Refused to consider Part III accommodation	Settled in Newholme 17th June, 1959
F.	84	Suffering from grave chronic disease. Aged and infirm person. Unable to devote to herself and not receiving from other persons proper care and attention	3 weeks	Chronic sick bed, Withington Hospital	Court Order taken out 1st June, 1959	Diagnosis, progressive malnutrition and cerebral sclerosis. Refused to take food from relatives. Confused and wandered at night. Refused to consider hospital treatment	Settled in Withington Hospital 15th June, 1959
F.	84	Suffering from grave chronic disease. Aged and infirm. Physically incapacitated. Living in insanitary conditions and not receiving from other persons proper care and attention	3 weeks	Chronic sick bed, Withington Hospital	Court Order taken out 22nd June, 1959	Confused and senile. Neighbour 70 years of age and very frail, unable to continue caring for patient. Son refused to allow his wife to attend and help any longer. Unfit to live alone. Refused admission to hospital	Settled in Withington Hospital 3rd July, 1959

Sex	Age Years	Reason for Council's action	Period named in the order of the Court	Type of accommodation to which the person was removed	Result of Council's action	Other information of interest	Ultimate result
F.	82	Aged and infirm. Unable to devote to herself and not receiving from other persons proper care and attention	3 weeks	Part III accommodation, Springfield	Court Order taken out 30th June, 1959	Senility and arterio sclerosis. Very aggressive and abusive at times. Nephew and his wife provided a home for her but she was very destructive to the furniture, etc., and caused great disharmony in the home	Court Order to be renewed at appropriate date, if still required
F.	74	Aged and infirm. Unable to devote to herself and not receiving from other persons proper care and attention	3 weeks	Part III accommodation, Newholme	Court Order taken out 7th August, 1959	Very confused. Wandered about the streets at all hours day and night and left the doors open. Left gas turned on, unlit. Often refused meals when taken by daughter and neglected diet if left alone. Unfit to live alone	Settled in Newholme 9th November, 1959
M.	88	Suffering from grave chronic disease. Aged and infirm. Unable to devote to himself and not receiving from other persons proper care and attention	3 weeks	Chronic sick bed, Withington Hospital	Court Order taken out 15th September, 1959	Suffers from respiratory condition and looked ill. Mentally confused and constantly getting out of bed. Wife 85 years. Not capable of dealing with patient. Refused hospital treatment	Settled in Withington Hospital 29th September, 1959
F.	80	Aged and infirm. Living in insanitary conditions. Unable to devote to herself and not receiving from other persons proper care and attention	3 weeks	Part III accommodation, Newholme	Court Order taken out 12th October, 1959	Senile and very confused. Left without food for very long periods. Set clothing alight and sustained burns of chest and abdomen. Mental condition deteriorated rapidly	Died in Manchester Royal Infirmary 23rd October, 1959
F.	79	Aged and infirm. Living in insanitary conditions. Unable to devote to herself and not receiving from other persons proper care and attention	3 months	Part III accommodation, Newholme	Court Order taken out 28th October, 1959	Senile. Very heavy and obese. Condition deteriorated gradually. Unfit to live alone. Refused Part III accommodation	Died in Withington Hospital 3rd December, 1959
F.	85	Aged and infirm. Unable to devote to herself and not receiving from other persons proper care and attention	3 weeks	Part III accommodation, Newholme	Court Order taken out 29th October, 1959	Very undernourished. Condition gradually deteriorated. Unfit to live alone and refused to consider Part III accommodation. Refused Home Help	Settled in Newholme 11th November, 1959
F.	85	Aged and infirm. Living in insanitary conditions. Unable to devote to herself and not receiving from other persons proper care and attention	weeks	Part III accommodation, Mayfield House	Court Order taken out 11th November, 1959	Senile and confused. Wandered out at night. Gradual deterioration of mental condition. Unfit to live alone. Refused Part III accommodation	Died in Mayfield House 2nd December, 1959

Sex	Age Years	Reason for Council's action	Period named in the order of the Court	Type of accommodation to which the person was removed	Result of Council's action	Other information of interest	Ultimate result
M.	85	Suffering from grave chronic disease. Aged and infirm. Living in insanitary conditions. Unable to devote to himself and not receiving from other persons proper care and attention	3 weeks	Chronic sick bed, Withington Hospital	Court Order taken out 24th November, 1959	Senile. Suffered from acute attack of bronchitis and laryngitis. Rapid deterioration of condition. Refused Home Help services and hospital admission. Unfit to live alone	Court Order to be renewed at appropriate date if required
M.	75	Suffering from grave chronic disease. Aged and infirm. Living in insanitary conditions. Unable to devote to himself and not receiving from other persons proper care and attention	3 weeks	Chronic sick bed, Withington Hospital	Court Order taken out 9th December, 1959	Undernourished. Incontinent. Poor general condition—deteriorated considerably over last five days and patient became very cheery. Refused all services, including the offer of admission to hospital	Died in Withington Hospital 26th December, 1959
F.	79	Aged and infirm. Living in insanitary conditions. Unable to devote to herself and not receiving from other persons proper care and attention	3 months	Part III accommodation, Newholme	Court Order taken out 16th December, 1959	Very senile. Condition deteriorated gradually. Male lodger shared the home but accepted no responsibility for patient. Refused to consider Part III accommodation	Settled in Newholme 1st February, 1960
F.	79	Aged and infirm. Living in insanitary conditions. Unable to devote to herself and not receiving from other persons proper care and attention	3 weeks	Part III accommodation, Newholme	Court Order taken out 18th December, 1959	Senile. Undernourished. Neglected her food. Found on floor in front of fire on two occasions. Condition deteriorated very rapidly. Unfit to live alone	Court Order to be renewed at appropriate date if required
F.	84	Suffering from grave chronic disease. Aged and infirm. Living in insanitary conditions. Unable to devote to herself and not receiving from other persons proper care and attention	3 weeks	Chronic sick bed, Withington Hospital	Court Order taken out 18th December, 1959	Senile. When visited by specialist from Withington Hospital had not eaten for 36 hours. Looked ill, pulse rapid. Refused admission to hospital	Court Order to be renewed at appropriate date if required
M.	69	Suffering from grave chronic disease. Physically incapacitated. Unable to devote to himself and not receiving from other persons proper care and attention	3 weeks	Chronic sick bed, Withington Hospital	Court Order taken out 29th December, 1959	Bedfast. Very undernourished. Paralysis of legs. Lived in lodging house for men only. Not receiving adequate care and attention. Refused admission to hospital	Court Order to be renewed at appropriate date if required

MONSALL CLEANSING CLINIC

Verminous conditions and scabies

Persons treated for verminous conditions at Monsall Clinic

Year	Males (adult)	Females (adult)	School children	Children under 5	Total persons
1955	323	113	457	19	912
1956	262	112	474	11	859
1957	330	98	486	8	922
1958	472	105	408	22	1,007
1959	438	85	562	25	1,110

Scabies

The number of persons notified by general practitioners was 24 fewer than in 1958, but this still remains the main source of notification. The School Health Service remains the next highest source though there were 24 cases fewer than in 1958.

Notifications from hospitals rose from 42 in 1958 to 73 in 1959. Those referred by health visitors rose from 40 to 56, and 27 fewer persons applied voluntarily. For the treatment of cases from the two latter sources the consent of the general practitioner is required.

The number referred from other local health authorities fell from 14 to 8.

The following table gives the source and number of notifications received during 1959 and for the preceding four years:—

Sources of notification of scabies

	1955	1956	1957	1958	1959
School Health Service	162	128	85	137	113
Hospitals	28	31	53	42	73
General practitioners	96	125	163	268	244
Centre Medical Officers	4	—	—	—	1
Health visitors	20	8	7	40	56
Children's Department	3	—	—	—	—
Applied voluntarily	69	42	94	101	74
Discovered at Monsall Clinic	23	3	—	—	—
Salvation Army	4	4	8	2	2
Day Nurseries	—	—	—	1	4
Welfare Services Department	—	—	4	—	1
Business Houses	—	—	1	1	3
Public Health Inspectors	—	—	—	4	3
Other Health Authorities	—	—	—	14	8
Totals	409	341	415	610	582

The number of persons treated for scabies at Monsall Clinic is shown in the following table:—

Treatment for scabies					
Year	Males (adult)	Females (adult)	School children	Children under 5	Total persons
1955	121	163	161	97	542
1956	123	142	119	70	454
1957	104	118	82	67	371
1958	122	169	189	102	582
1959	97	130	164	105	496

Scabies is treated by two applications of an emulsion of benzyl benzoate with an interval of from one to four days between the first and second treatments.

The health visitors paid 240 visits to homes in which scabies occurred in 1959.

Summary of work carried out at Monsall Clinic for aged and infirm persons

86 persons were cleansed: of these 42 were verminous.

Referred for cleansing by:—

General practitioners	3
Hospitals (request for cleansing of a patient listed for admission and known to be verminous)	7
Welfare Services Department	14
Health Visitors	33
Other local authorities.. .. .	2

Referred from hostels :—

Salvation Army Hostel	6
Church Army hostel	2
Corporation hostel	4
Persons dealt with as compulsory removals to either Part III accommodation or to chronic sick beds in hospital, under Section 47 of the National Assistance Act, 1948	15

86

Care is taken that persons referred for cleansing are treated according to their physical condition, i.e. ill patients are blanket bathed. All are given a cup of tea.

It is heartwarming to the staff to hear the gratitude and relief often expressed by the old people, particularly those who have been persuaded by the health visitors to attend and who are mostly returning to their own homes.

The work is of necessity very routine in character, but even so there is a lighter side which appears at times.

The old men come with varied parcels and bundles containing their worldly goods—mugs, cutlery, pins, false teeth, shaving tackle, etc., all of which must be opened for inspection.

In some cases great difficulty is experienced in getting permission to do this, as in the case of a man of 70 years who arrived with two large paper bags which he was unwilling for the staff to deal with in any way, but eventually, after he had been cleansed and was sitting enveloped in a bath-robe and blanket waiting the return of his clothing and his other bundles which were being disinfested, he was persuaded by the Clinic Sister and male orderly to open the bags.

To their astonishment the contents proved to be a seemingly endless number of unopened wage packets, the contents of which were counted and found to total a sum of nearly £1,400.

After much persuasion he consented to bank the money if the orderly could accompany him. £500 was placed in a Post Office Savings account, £800 allocated for investment in a Trustee Savings Bank and, apart from a couple of pounds, the remainder was placed in a current account. The orderly, very pleased with his task completed, took the old man to his bus stop and only then was it discovered that he had no change, so the orderly gave him expence for his fare.

The number of visitors to the clinic during 1959 was curtailed, owing to the structural alterations in progress.

During the year 53 students and 6 tutors attended the clinic for the purpose of receiving information concerning the work carried out there. These included nursing cadets, nursery nurse students and hospital student nurses.

Postgraduate refresher courses

Health Visitors have attended refresher courses arranged by professional organizations as follows :—

Organization	Place	Title	Duration of course	Number of Health visitors who attended
Royal College of Nursing	London	The Promotion of mental health	2 weeks	2
Royal College of Nursing	Bristol	The Principles of health education	2 weeks	2
Royal College of Nursing	Birmingham	Special course on mental health	1 week	4
Women Public Health Officers Association	Cambridge	Residential teaching course	2 weeks	2
Women Public Health Officers Association	Sheffield	Residential teaching course	2 weeks	4

The Assistant Superintendent Health Visitor attended a refresher course at Birmingham for nurse administrators. This course lasted one week.

The 21st Annual Post Certificate Refresher Course arranged by the Health Department for health visitors, school nurses, tuberculosis visitors and other nurses engaged in public health work was held on the 20th and 21st March in the Lesser Free Trade Hall, Manchester. The title was "The Health Visitor of Tomorrow" and all agreed it was one of the best courses of recent years. It was well attended by many public health nurses in the North West area in addition to members of the Manchester staff.

Training course for health visitors

This course, now in its 29th year, continues to progress and develop. It is run by the College of Science and Technology in co-operation with the Health Department, and lasts for one academic year. There are 42 students on the present course, 16 of whom are sponsored by the City Council. The candidates enrol as full-time students at the College, and take part in most of the organized educational and recreational activities.

The "block-system" of training continues to be used, i.e., blocks of practical and theoretical work alternating throughout the course. The practical work is carried out mainly in the Health Department; the essential basic training being given by the staff health visitors. An insight is given into all other aspects of the work, with the help and co-operation of other Departments of the local authority, and of a neighbouring County Borough and rural area. The theoretical training is carried out at the College by experienced lecturers and by the tutorial staff. As part of this training, the students write an individual thesis and a group-thesis, both of which necessitate a great deal of private study and research. Observation visits covering both theoretical and practical aspects of the work are arranged throughout the course and an illustrated record of this is required from each student.

As part of the Department's annual Refresher Course, an Exhibition is held by the students. Their theses and illustrated records form the basis of this health-education project, which is arranged and staffed by them. Many of the models and visual aids used are made by the students, and the Exhibition usually proves to be well worth a visit: about 300 persons see it each year.

This is a very intensive and difficult course, but those who have taken it have found it to be extremely interesting and worthwhile.

Nursing Homes Registration

(Public Health Act, 1936, Sections 187-195)

No change in the registration of nursing homes took place during the year and the position remained at the 31st December as for the previous year, namely, ten registered homes of which three were registered for maternity patients; one for maternity, medical and surgical patients; one for medical cases only; three for medical and surgical cases and two for medical or chronic patients.

Exemptions under Section 192 of the Public Health Act, 1936, numbered six.

A medical officer of the department paid regular visits to the homes.

DAY NURSERIES

The 27 day nurseries administered by the Health Committee have been maintained throughout the year providing accommodation for 1,360 children. All places have been well occupied and in order to give full assistance to working mothers the nurseries have remained open from 7-30 a.m. to 6-15 p.m. on Mondays to Fridays inclusive.

At the end of the year the names of 1,586 children were on the registers, new admissions during the year numbered 1,672 and there were 1,653 discharges. The average daily attendance was 1,223 and there were 1,457 children on the waiting lists. Every endeavour has been made to admit the children from priority groups immediately on application, but difficulty has been experienced in keeping these children in regular attendance.

Attendance of children in 1958				Place capacity
0—2 years	2—5 years	Total attendance— 248 days	Average daily attendance	
86,617	223,884	310,501	1,252	1,360

Attendance of children in 1959				Place capacity
0—2 years	2—5 years	Total attendance— 248 days	Average daily attendance	
86,116	217,151	303,267	1,223	1,360

The charge for daily accommodation has remained at 4s. per child where parents are gainfully employed and 3s. per child where 1 parent is gainfully employed.

Consideration has been given to all special cases brought forward by medical officers, health visitors, and day nursery matrons, and after full investigations 58 children were given free places for varying periods. In many instances this has prevented the complete breakdown of a mother, kept the family together, and proved most beneficial to the children.

A family which has benefited from this type of work is that of a bewildered and tired mother with six children whose ages range from 11 months to 7 years.

Her three youngest children were admitted to a day nursery in July and after six months there was a noticeable improvement in their appearance, fitness and well-being. With co-operation from the health visitor it was possible to persuade the mother to improve the cleanliness of the children and their clothing.

On admission, the baby of the family, although 11 months old, weighed under 11 lbs.; her weight six months later was still low, being only 16 lbs. but she was a very different child from the one admitted to the nursery. Her legs were sturdy, her eyes, once listless, were bright, she had a good appetite and showed a lively interest in her surroundings and companions.

It is hoped to keep these children in the nursery for many months more so that their good progress and the much needed relief for the mother may continue.

Maladjusted and handicapped children have continued to be admitted to the day nurseries, the number of these children attending at the end of the year being 15. Many have progressed well and appear to have found happiness and gained confidence from playing with normal children.

A typical case is that of an 11 months old baby girl who was admitted to a day nursery 4 years ago. She was quite silent, making no attempt towards speech and her face wore a sad and anxious expression. Perhaps this was not altogether surprising for the unfortunate child lived alone with her mother who was deaf and dumb.

The little girl was examined and after she had been given all the special screening tests it was ascertained that her hearing was normal. Although for many months there was little progress the mother continued to bring her daughter to the nursery regularly, and gradually a change was noticed.

The infant blossomed forth into a beautiful baby, she began to make sound and attempted words, while the sad expression faded. She attended the nursery until she was 5 years old and became one of its leading members. During this year she left the nursery to attend primary school—a confident and happy child able to carry on a full conversation.

All children are medically examined prior to admission and each nursery is visited at fortnightly intervals by a medical officer who carries out diphtheria and whooping cough immunizations, poliomyelitis vaccinations and regular medical examinations. The incidence of infectious conditions as compared with 1958 was as follows:—

	1958	1959
Measles	200	352
Whooping cough	3	17
Scarlet fever	13	20
Mumps	111	156
Chicken pox	72	197
German measles	44	33
Sonne dysentery	157	80
Diphtheria	—	—
Poliomyelitis	—	—

The majority of accidents sustained in the nurseries have occurred through play and all have received prompt first aid and further treatment.

Burglaries and vandalism have continued on a large scale and many nurseries have been left in chaos. Young boys were mainly responsible and in some instances the offenders have slept in the nurseries.

In conjunction with the Education Committee the training of 24 nursery students has continued. The following results were obtained from students who sat for the National Nursery Examination Board certificate.

July, 1959—11 passed. 2 failed.

November, 1959—1 passed. None failed.

The teaching of other members of day nursery staff was maintained. Six matrons and deputy matrons, 10 wardens, 8 nursery nurses, and 18 nursery assistants attended courses and refresher courses.

Full use was made of the nurseries for other educational purposes by visits of medical and social science students, student health visitors and student nurses to observe the nursery work and activities. Many girl guides have spent days with the children in order to qualify for their child nurse badge.

TUBERCULOSIS SERVICE

(Care and after care)

In association with the Manchester Regional Hospital Board, facilities for the treatment, care and after-care of tuberculous cases are provided at 352, Oxford Road, Manchester, 13. There is also a Chest Clinic at the Baguley Hospital where South Manchester residents can receive medical supervision.

Under Section 28 of the National Health Service Act, 1946, the local authority provides for:—

The visiting and supervision of tuberculous patients and their families by tuberculosis health visitors.

The loan of beds and bedding, free of charge, to assist treatment and to secure the isolation of the patient.

The vaccination of suitable contacts of tuberculous patients by B.C.G.

The provision of food grants to patients and their families whose incomes are below a set scale.

The loan of nursing requisites, free of charge, to patients receiving domiciliary care.

The free distribution of sputum boxes.

The disinfection of premises, bedding and clothing.

The colonization of patients in village settlements.

Assistance in rehousing.

Financial advice in regard to entitlement to National Assistance, etc.

Co-operation with the Ministry of Labour in regard to the placing of selected patients in suitable employment.

On the 31st December, 1959, 4,979 persons were on the Tuberculosis Notification Register and 312 Manchester patients were receiving treatment in sanatoria and hospitals; 7 patients were on the waiting list.

Tuberculosis health visiting

The 38 municipal wards of the City are divided into 13 districts, each area being the responsibility of a tuberculosis visitor. The visitors take no part in the work of the Manchester Chest Clinic, but can consult the Chest Physician about any patient under supervision. The local authority pays an agreed proportion of the Chest Physicians' salaries for their work in prevention, care and after-care.

National Assistance Board and grants in aid

There has been the utmost co-operation between the National Assistance Board and the Tuberculosis Section regarding the special allowances paid to tuberculous patients. During 1959 the National Assistance Board raised its rates of benefit and the Health Committee scales governing food and milk grants were adjusted accordingly. The Committee's scale is as follows:—

One adult £3 14s. 9d.

Two parents or adults £5 15s. 6d.

Allowance for each child £1 1s. 3d.

Allowance is made for rent where this exceeds 15s. per week.

The calls on the Care Committee fund for extra nourishment have been great in view of the additional assistance being given to tuberculous patients by the National Assistance Board who will, under special circumstances, assist the patient with monetary grants to obtain extra nourishment, clothing, bedding and other essentials.

Housing

335 applications were received from the Housing Survey Section during the year and reported upon by the Section and the Chest Physicians. Each application is carefully considered, especially in relation to the infectivity of the patient, and the tuberculosis visitors are frequently asked for reports on housing and environmental conditions. With the present housing shortage many tuberculous families are living under bad conditions, and although numerous recommendations for medical priority are made, the long waiting lists often preclude an early tenancy.

Colonization

Patients recommended for rehabilitation and colonization are admitted to the Regional Hospital Board to Village Settlements for periods of observation and the Health Committee accepts responsibility for maintenance when the patient is approved. On 31st December, 1959, there were two patients in the East Lancashire Tuberculosis Colony, one in the British Legion Village, Preston Hall, one in the Papworth Village Settlement, Cambridge, and one in the Cheshire County Colony, Wrenbury Hall. One patient was discharged from Papworth and one from Wrenbury Hall during 1959.

Employment

During the year 118 Forms D.P.1 (X) were forwarded to the Ministry of Labour in an endeavour to assist tuberculous patients in obtaining employment within their capacity, and the liaison between the Chest Physicians, the Disablement Rehabilitation Officer and the Tuberculosis Section has continued.

Children

The section is in constant communication with the Welfare Services, the Children's Department, and the Senior Medical Officer, School Health Service, and information is freely exchanged. Child contacts are kept under close supervision and where possible are given B.C.G. vaccination. The Children's Officer is asked to take into care those children, suitable for B.C.G. vaccination who cannot be segregated from an infective tuberculous patient, and his help is requested for children who cannot be cared for at home whilst a patient is in a sanatorium.

Home helps

Any home help working in a tuberculous household must be a volunteer and she has periodical X-ray examinations at the Chest Clinic. The service is of great value to families where tuberculosis has restricted the work in the home, and is a source of great comfort to the patient concerned.

B.C.G. vaccination

The following table gives a record of the work of the B.C.G. Clinic since the scheme commenced in March, 1951:—

Year	Number of B.C.G. sessions	Number of Mantoux and Jelly Patch Tests	B.C.G. vaccinations
1951	64	2,044	507
1952	99	3,093	881
1953	93	3,382	872
1954	89	3,536	777
1955	94	3,612	788
1956	93	4,268	745
1957	96	4,414	837
1958	96	4,252	817
1959	98	3,852	856
		Total ..	7,080

In addition to contacts of tuberculous cases, student nurses and hospital staff who are Mantoux negative receive vaccination.

Mass miniature radiography

The following report has been supplied by Dr. R. Walshaw, the Medical Director of No. 2 Mass Radiography Unit :—

Mass Radiography Health Survey, No. 2 Mass Radiography Unit, Manchester—Zone 3

The third zone consists of the following Municipal Wards: Collegiate Church, Cheetham, Crumpsall, Blackley, Moston, Lightbowne, Newton Heath, Miles Platting, Hugh Oldham and Harpurhey.

For 12 weeks in 1958 the Unit was reinforced by the Regional Hospital Board's No. 4 Unit, and to this Unit's Organizing Secretary, Mr. N. Hall, we are indebted for help in planning the examinations and for the provision of statistics. That Unit began a survey of the general public and industrial groups on the 15th January, operating in the Newton Heath Town Hall in the first instance, and later in the St. Luke's Parochial Hall, Moston, concluding their examinations on the 9th April. During that time the No. 2 Unit was undertaking, as a necessary part of its annual programme, the examination of school leavers, employees of Local Authorities whose work brings them in close contact with children, and students at Teacher Training Colleges. These examinations were carried out at the Roby Congregational Church Hall, Jacksonson Road, Longsight, as it was found impossible at that time to secure suitable premises for this purpose in zone three, and this accommodation had been found to be well suited for these examinations in the previous year. 1,827 examinations were carried out here, the vast majority consisting of the groups mentioned above. There were a few small undertakings included from the centre of the City to utilize times inconvenient for those groups.

No. 2 Unit moved in to the zone on the 19th May, 1958, and visited certain of the larger industrial concerns in the area, apart from fulfilling routine engagements in Salford and at H.M. Prison, Strangeways. In January, 1959, the Unit moved to St. Alban's Church Hall, Cheetham, and there carried out a composite survey of general public resident in the vicinity and local industrial undertakings.

The zone under review appears to present special difficulties in regard accommodation, this problem being particularly acute in the Black Crumpsall, Harpurhey and Hugh Oldham Wards. Several sites in the Wards were the subject of inspection, but proved to be either inadequate to be housing regular activities which did not permit of them being made available to us; nor was there in these areas any available property under control of the Corporation suitable for our purpose. It is hoped that some solution to this problem will be found during 1960 so that the residents of the Wards may not be denied the facilities for chest X ray examination which have been made available in other districts. A final statistical analysis covering this zone and including the findings in these Wards would then be made subject of a supplementary report.

During 1958 the Regional Hospital Board, after consideration of Ministry of Health Circular H.M. (57) 94 on the development of the Mass Radiography Service, decided that the practice of examining school leavers by mass radiography as a routine measure should be discontinued. In the future it is proposed therefore, that such examinations be limited to pupils of Grammar and Technical High Schools and of Further Education establishments, who are 16 years of age or over, and in their final year.

An analysis of the significant and other interesting abnormalities discovered to date during the survey of zone three follows.

Total number of examinations carried out..	..	..	..	..	..	33,49
Of these, resident in Zone 3 were ..	..	..	..	..	..	17,00

Respiratory Tuberculosis requiring treatment—

							<i>per</i>	
							<i>thousa</i>	
All examinations ..	..	..	..	..	..	55	—	1.64
Residents in Zone 3 ..	..	..	..	..	..	28	—	1.64

Respiratory Tuberculosis requiring periodic supervision at Chest Clinics—

All examinations ..	..	..	..	..	..	93	—	2.77
Residents in Zone 3..	..	..	..	..	..	47	—	2.76

Bronchiectasis—

All examinations ..	..	..	..	..	..	36	—	1.07
Residents in Zone 3 ..	..	..	..	..	..	20	—	1.18

Carcinoma bronchus—

All examinations ..	..	..	..	..	..	18	—	0.54
Residents in Zone 3 ..	..	..	..	..	..	9	—	0.53

Rates per thousand in respect of these significant abnormalities for the 267,740 examinations carried out by the Manchester Regional Hospital Board in six Units in the year 1958 were :

Respiratory tuberculosis requiring treatment ..	..	..	..	..	1.6
Respiratory Tuberculosis requiring periodic supervision at Chest Clinics ..	..	..	..	..	2.4
Bronchiectasis..	..	..	..	..	1.3
Carcinoma bronchus ..	..	..	..	..	0.4

Among other abnormalities discovered in Zone 3 were :—

Congenital cystic disease of lung ..	..	..	..	..	1
Sarcoidosis ..	..	..	..	..	3
Pneumoconiosis ..	..	..	..	..	12

Diaphragmatic hernia	6
Eventration right diaphragm	2
Substernal thyroid	6
Neurofibroma	2
Atrial septal defect	1
Dextro-aorta	2
Aortic aneurysm	1

* This figure does not include the 14,827 examinations carried out at Roby Congregational Church Hall.

Notification

Respiratory tuberculosis

In the year 1959 there was a decrease in the number of new cases of respiratory tuberculosis notified, the figure being 476 as compared with 527 in 1958. 290 cases were notified amongst males, a reduction of 33 from the 1958 figure. Females numbered 186, a reduction of 18 from the 1958 total.

Non-respiratory tuberculosis

The number of notified cases has decreased from 67 in 1958 to 39 during 1959, males numbering 13 and females 26.

Mortality

Respiratory tuberculosis

The deaths from respiratory tuberculosis numbered 80, an increase of 11 on the figure for 1958. There were 61 male and 19 female deaths.

Non-respiratory tuberculosis

3 males and 4 females died from non-respiratory tuberculosis, this total being 3 less than that for 1958.

Summary of the work of the section

Tuberculosis health visitors:—

Primary investigations	697
Domiciliary visits	21,230
Post-death visits	27
Ineffective visits	4,279

Assistance to patients and families:—

Food grants	68
Loans of beds and bedding	50
Loans of nursing requisites	5

Autum boxes issued 21,660

Disinfections by Corporation:—

Premises	146
Bedding	13

Outgoing applications:—

Cases reviewed	335
Cases recommended	84

The statistics for the year are shown in the following tables:—

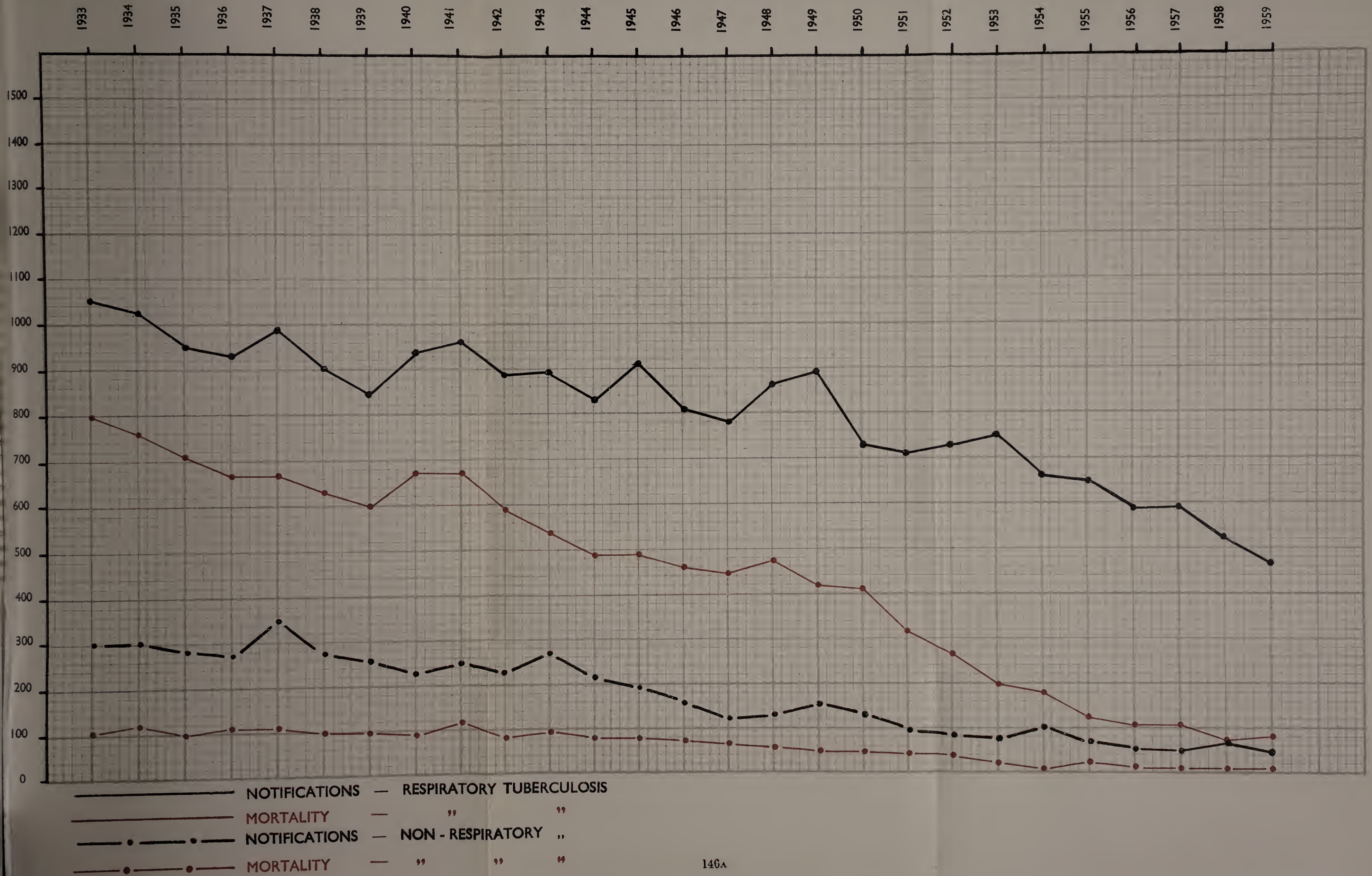
Primary notifications of and deaths from tuberculosis

Comparative figures 1939–1959

(Rates per thousand of the population)

Year	Primary notifications						General death rate, M/cr.	Death rate all respiratory diseases except tuberculosis (M/cr.)	Death rates, tuberculosis Manchester					
	Respiratory			Non-respiratory					Respiratory			Non-respiratory		
	M. Rate	F. Rate	Per-sons Rate	M. Rate	F. Rate	Per-sons Rate			M. Rate	F. Rate	Per-sons Rate	M. Rate	F. Rate	Per-sons Rate
1939	1.49	0.96	1.21	0.40	0.36	0.38	13.39	1.30	1.10	0.64	0.86	0.16	0.13	0.14
1940	1.95	1.13	1.51	0.41	0.36	0.38	17.98	4.00	1.43	0.78	1.09	0.16	0.13	0.15
1941	2.12	1.16	1.61	0.45	0.41	0.43	16.64	2.81	1.45	0.84	1.13	0.19	0.19	0.19
1942	1.78	1.22	1.48	0.37	0.41	0.39	14.72	2.13	1.23	0.76	0.99	0.14	0.12	0.13
1943	1.78	1.25	1.50	0.41	0.49	0.45	15.50	2.64	1.14	0.71	0.91	0.16	0.15	0.16
1944	1.62	1.14	1.37	0.33	0.36	0.34	14.20	2.04	0.95	0.66	0.80	0.13	0.10	0.11
1945	1.73	1.23	1.46	0.34	0.31	0.32	14.41	2.33	1.00	0.62	0.80	0.16	0.10	0.13
1946	1.56	0.89	1.20	0.28	0.22	0.25	13.52	2.09	0.92	0.48	0.69	0.08	0.12	0.10
1947	1.41	0.91	1.15	0.21	0.18	0.19	13.79	2.11	0.88	0.46	0.66	0.11	0.08	0.09
1948	1.50	1.01	1.24	0.19	0.21	0.20	12.27	1.80	0.89	0.50	0.69	0.06	0.08	0.07
1949	1.58	1.02	1.28	0.20	0.24	0.22	12.91	2.10	0.76	0.45	0.60	0.06	0.04	0.05
1950	1.28	0.84	1.05	0.21	0.17	0.19	12.77	1.86	0.77	0.42	0.58	0.07	0.06	0.07
1951	1.23	0.82	1.02	0.13	0.17	0.15	13.82	2.50	0.61	0.32	0.45	0.05	0.06	0.06
1952	1.32	0.75	1.02	0.13	0.14	0.14	12.16	1.70	0.59	0.20	0.38	0.04	0.03	0.03
1953	1.32	0.83	1.06	0.12	0.14	0.13	12.31	1.86	0.39	0.19	0.28	0.04	0.02	0.03
1954	1.20	0.75	0.96	0.15	0.16	0.15	12.20	1.73	0.40	0.15	0.27	0.03	0.03	0.03
1955	1.16	0.78	0.96	0.13	0.09	0.11	12.68	1.93	0.26	0.12	0.19	0.02	0.02	0.02
1956	1.09	0.66	0.86	0.06	0.10	0.08	12.35	1.77	0.21	0.09	0.15	0.02	0.01	0.02
1957	1.13	0.65	0.88	0.08	0.08	0.08	12.40	1.94	0.24	0.06	0.14	0.02	0.01	0.02
1958	1.01	0.57	0.78	0.08	0.11	0.10	12.70	1.98	0.17	0.04	0.10	0.02	0.01	0.01
1959	0.92	0.52	0.71	0.04	0.07	0.06	12.49	2.03	0.19	0.05	0.12	0.01	0.01	0.01

INCIDENCE AND MORTALITY FROM RESPIRATORY AND NON-RESPIRATORY TUBERCULOSIS 1933-1959





Tuberculosis (pulmonary and non-pulmonary)

Incidence and deaths in age groups for the years 1935 to 1959

Year	0 —				1 —				5 —				15 —				45 —				65 —				Total				Total	
	Pul.		Non-pul.		Pul.		Non-pul.		Pul.		Non-pul.		Pul.		Non-pul.		Pul.		Non-pul.		Pul.		Non-pul.		Cases		Deaths		All forms	Deaths
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths		
1935	3	4	3	17	62	11	98	15	611	430	120	42	253	230	22	16	20	37	6	1	957	714	294	94	1,251	808				
1936	1	1	1	21	49	17	98	25	615	396	109	36	235	223	25	15	32	31	3	2	937	671	289	105	1,226	776				
1937	1	1	1	22	48	5	100	19	635	393	165	44	261	213	22	17	45	51	9	7	1,001	674	358	115	1,359	789				
1938	6	11	7	33	54	8	87	24	577	350	124	29	231	235	18	15	32	30	6	6	907	627	282	99	1,189	726				
1939	3	3	3	15	54	8	87	14	559	355	126	41	205	202	22	14	40	34	5	5	849	601	265	100	1,114	701				
1940	3	3	3	23	31	6	66	13	620	408	112	39	242	208	23	11	43	61	4	4	943	678	239	91	1,182	794				
1941	3	4	4	21	31	6	68	18	610	366	124	42	266	241	13	11	39	52	4	7	968	679	258	115	1,226	639				
1942	3	5	5	35	35	5	57	12	615	338	119	34	209	206	24	9	30	41	1	5	894	592	234	80	1,128	672				
1943	1	1	1	15	29	4	68	14	614	291	138	41	211	212	26	13	34	36	3	3	840	491	211	68	1,051	559				
1944	2	2	2	20	29	4	68	14	622	275	114	21	213	174	20	14	44	35	3	2	840	491	211	68	1,051	559				
1945	3	3	3	13	41	7	39	12	606	257	91	22	213	177	15	8	37	50	3	5	805	460	200	81	1,113	577				
1946	5	5	5	18	44	3	44	10	517	232	71	22	195	171	13	6	32	51	6	6	786	450	168	67	973	527				
1947	3	3	3	14	44	3	44	10	482	236	59	25	190	176	13	6	27	28	5	4	863	477	141	40	1,004	514				
1948	3	3	3	16	60	1	38	9	545	261	66	14	198	176	18	6	41	30	8	8	899	418	154	38	1,053	456				
1949	4	4	4	18	42	3	36	8	566	220	81	14	194	150	12	6	41	43	4	4	899	418	154	38	1,053	456				
1950	11	11	11	32	62	2	36	8	449	210	61	23	166	159	10	8	36	37	4	5	737	411	132	37	869	458				
1951	11	11	11	32	48	2	34	2	449	210	61	23	166	159	10	8	36	37	4	5	737	411	132	37	869	458				
1952	11	11	11	32	48	2	34	2	449	210	61	23	166	159	10	8	36	37	4	5	737	411	132	37	869	458				
1953	11	11	11	32	48	2	34	2	449	210	61	23	166	159	10	8	36	37	4	5	737	411	132	37	869	458				
1954	11	11	11	32	48	2	34	2	449	210	61	23	166	159	10	8	36	37	4	5	737	411	132	37	869	458				
1955	11	11	11	32	48	2	34	2	449	210	61	23	166	159	10	8	36	37	4	5	737	411	132	37	869	458				
1956	11	11	11	32	48	2	34	2	449	210	61	23	166	159	10	8	36	37	4	5	737	411	132	37	869	458				
1957	11	11	11	32	48	2	34	2	449	210	61	23	166	159	10	8	36	37	4	5	737	411	132	37	869	458				
1958	11	11	11	32	48	2	34	2	449	210	61	23	166	159	10	8	36	37	4	5	737	411	132	37	869	458				
1959	11	11	11	32	48	2	34	2	449	210	61	23	166	159	10	8	36	37	4	5	737	411	132	37	869	458				

Tuberculosis (non-respiratory)—new cases notified during 1959—age groups and site

Age groups	LOCATION OF DISEASE													
	Meninges		Miliary		Abdomen		Bones joints		Vertebral column		Lymphatic system		Genito-urinary	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
0-4	—	—	—	—	—	—	1	—	—	1	—	—	—	—
5-9	1	—	—	—	—	—	—	1	—	—	—	—	—	—
10-14	1	—	—	—	—	—	2	—	—	—	—	1	—	—
15-19	—	—	—	—	—	1	1	2	—	—	—	—	—	—
20-24	1	—	—	—	—	4	—	—	—	—	—	1	1	—
25-34	—	—	—	—	—	—	—	—	—	1	—	2	—	—
35-44	1	—	—	—	—	1	—	—	—	—	—	—	1	—
45-54	—	—	—	—	—	1	—	—	—	2	—	—	—	—
55-64	—	—	—	—	—	—	1	1	—	—	—	1	—	—
65	—	—	—	—	—	—	—	1	—	—	1	—	—	—
Totals ..	4	—	—	—	—	7	5	5	—	4	1	5	2	4
													1	1
													1	1
													3	6
													—	5
													2	1
													—	5
													1	2
													1	1
													13	26

Sources of notification of tuberculosis during 1959

Source	Respiratory	Non-respiratory	Totals
Private practitioners	136	5	141
Chest Clinic staff	153	6	159
General hospitals	62	24	86
Mental hospitals	—	2	2
Sanatoria	120	2	122
H.M. Forces	5	—	5
Other sources	—	—	—
Totals	476	39	515

Tuberculosis

Primary notifications and deaths—1959

Classification in municipal wards

Ward	Estimated population	Persons per acre	NOTIFICATIONS						DEATHS (all forms)	
			Respiratory		Non-respiratory		Total all forms	Rate per 1,000 pop.	No. (Manchester figures)	Rate per 1,000 pop.
			M.	F.	M.	F.				
Andra Park	21,192	27.17	5	4	—	3	12	0.57	1	0.05
Saints	16,450	52.22	17	3	1	2	23	1.40	5	0.30
Wick	16,313	37.42	9	5	1	1	16	0.98	3	0.18
Key	20,144	14.34	13	13	—	—	26	1.29	1	0.05
ow Moor	15,757	14.07	10	5	—	1	16	1.02	3	0.19
hill	20,161	19.63	25	14	—	2	41	2.03	4	0.20
ick	17,736	72.99	6	2	—	—	8	0.45	1	0.06
Key	21,921	17.88	7	5	—	—	12	0.55	3	0.14
ford	21,203	27.47	8	5	—	3	16	0.75	—	—
age	21,187	28.75	2	5	—	—	7	0.33	3	0.14
etham	13,198	29.59	5	2	3	—	10	0.76	—	—
elton-cum-Hardy	19,360	22.80	4	5	—	—	9	0.47	1	0.05
egiate Church	11,880	23.71	10	3	—	1	14	1.18	6	0.51
mpshall	23,267	12.89	6	4	—	—	10	0.43	2	0.09
bury	17,233	14.59	1	—	—	—	1	0.06	1	0.06
on North	22,121	40.96	7	3	—	—	10	0.45	1	0.05
on South	16,617	26.33	7	5	1	—	13	0.78	3	0.18
ourhey	16,218	43.60	6	5	—	1	12	0.74	2	0.12
n Oldham	15,964	32.06	4	7	—	1	12	0.75	6	0.38
nshulme	18,208	30.05	4	1	—	—	5	0.27	1	0.05
ebowne	18,957	48.61	7	5	1	1	14	0.74	1	0.05
rsight	14,766	41.59	7	1	—	—	8	0.54	3	0.20
s Platting	11,912	26.83	2	5	1	—	8	0.67	2	0.17
s Side East	17,628	63.64	11	6	—	2	19	1.08	3	0.17
s Side West	16,773	62.59	6	5	1	1	13	0.77	4	0.24
ton	20,375	17.41	6	3	—	—	9	0.44	1	0.05
on Cross	13,208	37.31	5	1	—	—	6	0.45	2	0.15
on Heath	17,643	19.49	2	4	—	1	7	0.40	3	0.17
henden	22,165	12.57	15	16	—	—	31	1.40	1	0.05
Moat	16,685	26.74	2	4	—	—	6	0.36	1	0.06
nshaw	21,149	38.95	5	5	—	1	11	0.52	3	0.14
holme	16,466	22.68	4	—	—	—	4	0.24	1	0.06
George's	15,880	49.94	11	3	—	1	15	0.94	3	0.19
ukes'	16,408	57.17	9	7	2	1	19	1.16	3	0.18
Mark's	19,657	38.02	8	2	1	2	13	0.66	2	0.10
eter's	9,048	10.81	7	—	—	—	7	0.77	3	0.33
hington	15,008	26.80	6	3	—	—	9	0.60	—	—
odhouse Park	22,442	15.73	21	20	1	1	43	1.92	4	0.18
CITY OF MANCHESTER ..	672,300	24.67	290	186	13	26	515	0.76	87	0.13

Primary notifications respiratory tuberculosis—1959
Occupation and social classification*

OCCUPATIONAL GROUP										SINGLE WOMEN					MARRIED WOMEN					Total women	Total both sexes	
										Social class					Total	Social class					Total	
										1	2	3	4	5	1	2	3	4	5			
1	2	3	4	5						1	2	3	4	5							1	
																					2	
																					3	
																					38	
																					5	
																					2	
																					3	
																					14	
																					6	
																					5	
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																					10	
																					3	
																					22	
																					45	
																					21	
																					3	
																					18	
																					2	
4	11	129	37	34	Totals					2	35	12	2	2	51	43	94	309				
																				1	26	
																				1	17	
																				7	19	
																				15	36	
																				1	3	
																				64	60	
																				110	476	

Cases on the notification register at January, 1960

City ward	Respiratory		Totals	Non-respiratory		Totals	Grand totals
	Males	Females		Males	Females		
xandra Park	57	54	111	5	9	14	125
Saints'	76	53	129	7	8	15	144
twick	68	47	115	4	3	7	122
uley	148	149	297	3	8	11	308
ow Moor	54	34	88	4	7	11	99
chill	151	148	299	7	11	18	317
wick	57	36	93	3	7	10	103
ekley	92	77	169	4	6	10	179
dford	58	44	102	5	5	10	112
nage	70	55	125	5	1	6	131
ertham	50	34	84	2	1	3	87
arlton-cum-Hardy	63	36	99	5	4	9	108
legiate Church	52	25	77	2	3	5	82
mpsall	79	55	134	2	5	7	141
sbury	35	22	57	1	2	3	60
ton North	56	53	109	6	4	10	119
ton South	55	44	99	4	4	8	107
purhey	51	38	89	1	6	7	96
h Oldham	66	52	118	4	5	9	127
enshulme	47	34	81	3	4	7	88
ntbowne	51	30	81	2	7	9	90
gsight	55	48	103	4	4	8	111
es Platting	30	24	54	2	5	7	61
es Side East	90	58	148	6	6	12	160
es Side West	68	51	119	5	9	14	133
ston	61	43	104	5	7	12	116
y Cross	49	34	83	4	2	6	89
ton Heath	43	32	75	4	7	11	86
thenden	128	122	250	6	6	12	262
Moat	56	56	112	5	7	12	124
enshaw	63	43	106	3	9	12	118
holme	48	33	81	1	5	6	87
George's	65	52	117	5	6	11	128
Luke's	64	59	123	9	6	15	138
Mark's	69	41	110	2	5	7	117
Peter's	32	12	44	2	2	4	48
hington	36	28	64	—	—	—	64
odhouse Park	190	189	379	6	7	13	392
classified	—	—	—	—	—	—	—
Totals—January, 1960 ..	2,583	2,045	4,628	148	203	351	4,979

**Summary of notifications of tuberculosis during the period
1st January to 31st December, 1959, in the City**

	FORMAL NOTIFICATIONS													
	Number of primary notifications of new cases of tuberculosis													
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	(all)
Respiratory, males	2	3	7	9	8	23	30	40	39	59	43	23	4	
Respiratory, females	—	3	4	6	10	27	28	44	33	13	8	9	1	
Non-respiratory, males	—	—	1	1	3	1	2	—	2	—	1	1	1	
Non-respiratory, females	—	—	1	1	1	3	6	5	1	5	2	1	—	

**New cases of tuberculosis coming to the knowledge of the Medical
Officer of Health during the above-mentioned period, otherwise
than by formal notification**

Source of information			NUMBER OF CASES IN AGE GROUPS														
			0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-		
Death returns from local registrars	Respiratory	{ M.	—	—	—	—	—	—	—	1	—	2	2	6	2		
		{ F.	—	—	—	—	—	—	—	—	—	1	3	—			
	Non-respiratory	{ M.	—	—	—	—	—	—	—	—	—	—	—	—			
		{ F.	—	—	—	—	—	—	—	—	—	2	2	—			
Death returns from Registrar General (transferable deaths)	Respiratory	{ M.	—	—	—	—	—	—	—	—	—	—	—	—			
		{ F.	—	—	—	—	—	—	—	—	—	—	—	—			
	Non-respiratory	{ M.	—	—	—	—	—	—	—	—	—	—	—	—			
		{ F.	—	—	—	—	—	—	—	—	—	—	—	—			
Posthumous notifications	Respiratory	{ M.	—	—	—	—	—	—	—	—	—	—	—	1			
		{ F.	—	—	—	—	—	—	—	—	—	—	1	—			
	Non-respiratory	{ M.	—	—	—	—	—	—	—	—	—	—	—	—			
		{ F.	—	—	—	—	—	—	—	1	—	—	—	—			
" Transfers " from other areas (excluding transferable deaths)	Respiratory	{ M.	—	—	2	2	1	—	16	12	12	9	2	4	—		
		{ F.	—	—	—	—	2	1	11	19	3	1	3	1	—		
	Non-respiratory	{ M.	—	—	—	—	—	—	—	—	—	—	—	—	—		
		{ F.	—	—	1	—	—	—	—	1	—	—	—	—	—		
Other sources	Respiratory	{ M.	—	—	—	—	—	—	—	—	—	—	—	—	—		
		{ F.	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Non-respiratory	{ M.	—	—	—	—	—	—	—	—	—	—	—	—	—		
		{ F.	—	—	—	—	—	—	—	—	—	—	—	—	—		

Totals of cases (A) Respiratory, male
(B) Respiratory, female
(C) Non-respiratory, male
(D) Non-respiratory, female

EPILEPSY AND CEREBRAL PALSY

Epilepsy and cerebral palsy are not notifiable diseases but in accordance with Section 34 of the Education Act, 1944, all cases between the ages of 2 and 16, brought to the notice of the Health Department, are referred to the School Health Service.

The following statement relates to Manchester children known to the School Health Service during 1959 to have epilepsy or cerebral palsy, but the figures do not necessarily indicate the incidence of either disease in the City ; they relate to children found to be suffering from the two conditions. There may be, for example, children suffering from slight epilepsy, e.g., nocturnal epilepsy or from birth injury, that may never have been brought to the notice of the Department.

Epilepsy—

Children in Soss Moss Residential School	46
Children in schools not administered by the Education Committee	5
Children attending ordinary schools but under supervision because of convulsions	78

Cerebral palsy—

Children in Margaret Barclay Residential School ..	32
Children in Lancasterian Day Special School	88
Children under orthopaedic treatment at clinics and attending ordinary schools	48
Children in schools not administered by the Education Committee	0

The Corporation maintains a colony for sane epileptics at Langho, near Blackburn, in which residential provision is made for males and females aged 15 years or over, under Part III of the National Assistance Act, 1948. Details of the accommodation and facilities provided are given under the heading of "Langho Colony" in the General Service section of this report.

HOME NURSING SERVICE

The number of home nurses employed at the end of the year was 96, plus 4 Premature Baby Nurses and 2 Ophthalmic Nurses whose work is referred to in the "midwifery service" section of this report.

Since the transfer of the Home Nursing Service in July, 1958, to the Manchester Corporation, there has been a reorganization of the districts resulting in the division of the city into 4 districts (previously there were 5) with a Superintendent in Charge of each district. A house was purchased during 1959 and converted into a nurses home and report centre, and two nurses homes which had been used by the Manchester District Nursing Institution were closed. The duties of the home nurses have remained unaltered; the Senior Superintendent now directs the service from the Town Hall instead of from a nurses home.

The decrease, first recorded in 1958, in the number of new patients referred for home nursing continued during 1959, the number being 10,969 compared with 11,455 in 1958, a reduction of 4.2 per cent. The number of patients remaining on the books at the end of 1959 was 2,650, a difference of 174 or 6.2 per cent less than the previous year. Of the new patients referred to the

service there was again a reduction in the number of infectious and notifiable diseases, 755 compared with 769 in 1958. Of these, 234 were primary pneumonia cases as against 192 in the previous year and 209 pulmonary tuberculosis cases as against 263 for 1958. This general reduction in infectious cases visited continues the downward trend which has occurred each year since 1955.

There was an increase in the number of patients suffering from anaemia, 928 compared with 822 in 1958 and a reduction in cases of bronchitis, 653 as against 795. There was a substantial decrease in the number of other respiratory diseases, 388 compared with 445 for 1958 and the number of diabetic cases dropped to 143, a decrease of 44 on the previous year. The numbers of other new patients varied only slightly when compared with the figures for 1958.

The fall in the number of new patients which has occurred yearly for the past four years is attributed mainly to the fact that whereas from 1948-1955 the major part of the home nurses' work consisted of the administering of injections there is now a noticeable decrease of injections of mersalyl and penicillin in consequence of the greater use of oral diuretics and antibiotics, which are self-administered under the direction of the patients' doctor. This altered procedure accounts for much of the decrease in the number of heart cases, bronchitis and other respiratory infections normally referred to the Home Nursing Service.

The very good weather during the summer and autumn months and the absence of dense fog during the closing months of the year no doubt also had a bearing on the decrease in the number of cases referred for home nursing.

Particulars of patients on the books, patients nursed and visits paid during the year together with the comparative figures for 1958 are given in the following tables:—

Home Nursing									Per cent
						1959	1958	Differ- ence	differ- ence
Patients on books 1st January	..	..			2,824	3,171	—347	10·9
Add new patients	..	..	..	..	10,969	11,455	—486	4·2
Total patients nursed	..	..			13,793	14,626	—833	5·7
Deduct patients taken off books		..			11,143	11,802	—659	5·6	
Patients on books 31st December		..			2,650	2,824	—174	6·2	
Nursing visits	..	..	..	..	326,295	355,733	—29,438	8·3

Classification of patients and nursing visits

A. Patients on books at 31st December						1959	Per cent	1958	Per cent
Medical	..	..	..	..	..	2,343	88·4	2,480	87·8
Surgical	..	..	..	..	..	209	7·9	213	7·6
Infectious Diseases	..	..	..	..	..	1	—	1	—
Tuberculosis	..	..	..	..	..	87	3·3	116	4·1
Maternal complications	..	..	..	..	..	10	·4	14	·5
Others	..	..	..	..	..	—	—	—	—
						2,650	100·0	2,824	100·0

B. Patients nursed

	1959	Per cent	1958	Per cent
Medical	11,841	85.9	12,575	86.0
Surgical	1,245	9.0	1,186	8.1
Infectious diseases	19	.1	34	.2
Tuberculosis	378	2.7	541	3.7
Maternal complications	310	2.3	290	2.0
Others	—	—	—	—
	<u>13,793</u>	<u>100.0</u>	<u>14,626</u>	<u>100.0</u>

C. Nursing visits

	1959	Per cent	1958	Per cent
Medical	261,645	80.2	280,824	78.9
Surgical	40,933	12.6	40,709	11.4
Infectious diseases	103	—	181	.1
Tuberculosis	21,301	6.5	32,023	9.0
Maternal complications	2,313	.7	1,996	.6
Others	—	—	—	—
	<u>326,295</u>	<u>100.0</u>	<u>355,733</u>	<u>100.0</u>

Classification of new patients referred to the
Home Nursing Service during the year

Diagnosis

	1959		1958	
	No.	Per cent	No.	Per cent
Infectious and notifiable diseases:				
(a) Primary pneumonia	234	2.1	192	1.6
(b) Bronchopneumonia	161	1.5	158	1.4
(c) Pulmonary tuberculosis	209	1.9	263	2.2
(d) Non-pulmonary tuberculosis	63	.6	84	.8
(e) Other notifiable diseases	88	.8	72	.7
Totals of (1)	755	6.9	769	6.7
Diabetes	143	1.3	187	1.8
Anaemias	928	8.5	822	7.1
Bronchitis	653	6.0	795	6.9
Other respiratory diseases	388	3.5	445	3.8
Heart diseases	1,570	14.3	1,859	16.4
Cancer	608	5.6	578	5.1
Diseases of the Nervous System	89	.8	54	.4
Urogenital	55	.5	72	.7
Complications of pregnancy	206	1.9	170	1.4
Complications following childbirth	90	.8	113	.9
Other medical cases	4,452	40.6	4,613	40.2
Post-operative	454	4.1	451	3.9
Varicose ulcers	144	1.3	121	1.0
Other surgical	430	3.9	403	3.7
Operations	4	0.0	3	0.0
Totals	<u>10,969</u>	<u>100.0</u>	<u>11,455</u>	<u>100.0</u>

B. Age groups

Age group	1959		1958	
	No.	Per cent	No.	Per cent
0-4	368	3.4	384	3.3
5-14	299	2.7	335	2.9
15-64	5,446	49.6	5,704	49.8
65-74	2,371	21.6	2,447	21.4
75 and over	2,485	22.7	2,585	22.6
Totals	10,969	100.0	11,455	100.0

The types of general nursing cases which home nurses are called upon to deal with are aptly illustrated by the examples given below. They demonstrate the usefulness of the laundry service for chronic sick persons nursed at home and how, in her own right, the home nurse can convey to the patient a good deal of health education:—

1. A home nurse was called to an old lady of 85 years of age who lived alone in a bed-sitting room. She had fallen and hurt her ribs, but refused to see her doctor as she “hadn’t seen one for over 40 years and didn’t mean to start now.” The combined persuasions of her landlady and the home nurse managed to change her mind. She was duly examined by a doctor, treated and sent to a hospital out-patients’ Department for X-ray, which revealed fractured ribs. A nurse visited daily for observation and care. No chest complication developed and visits were eventually reduced to one a week to help with bathing. Meantime, the nurse persuaded her to change her mind and to apply for a home help. One was supplied for a short term and was lamented as a lost treasure when she had to be transferred elsewhere.

This independent old lady is up and doing her own housework again, and looking forward to the Spring, when she hopes to resume her routine of a daily train trip to town for tea.

2. The doctor asked nurse to visit a widow in her early fifties, suffering from disseminated sclerosis. Help was needed with washing and dressing, and preventive treatment against the formation of bedsores; this included advice on diet, as well as practical treatment. Her comfort was greatly increased by the provision of the laundry service and sickroom loans of mackintosh and urinal, as urinary incontinence had been one of her biggest problems.

3. A boy of 8 trapped two fingers in a deckchair on the first day of the family’s holidays. By the time he returned home, the fingers were blackened and sloughing. The home nurse was called in by the general medical practitioner to give daily saline soaks and sterile dressings, treatment which proved effective. Hygiene in this home was poor, and during her visits, nurse did a great deal of health education (particularly on the subject of fly control), supplementing the work of her colleague, the Health Visitor.

4. The family doctor called in the home nurse to erect a steam tent for a baby of 14 months suffering from a severe attack of whooping cough. The tent was improvised from a large clothes horse and blankets. A steam kettle was obtained from the nurses’ Home, and set up on an improvised hob made from two dried milk tins and an oven plate. The young parents were educated in continuing the treatment at suitable intervals and in safety precautions.

The little boy made a good recovery after 3 weeks' observation by the nurse. Transfer to hospital, which would have entailed separation from his mother, was thus avoided.

Nursing Staff

The establishment of nursing staff provides for the equivalent of 100 full-time home nurses. The number employed at 31st December, 1959 was 96 of whom 75 were whole-time and 21 part-time giving an equivalent whole-time strength of 85½.

(a) Nursing grades—

The figure of 96 is analysed as follows:—

	1959	1958
Queen's senior superintendent	1	1
Queen's superintendents	4	4
Queen's assistant superintendent	1	1
Queen's district nurse tutor	1	1
Queen's female nurses	40	50
Queen's male nurses	10	9½
Student district nurses	5	4½
State-registered nurses	28	30
State-enrolled assistant nurses	6	3
	<hr/> 96	<hr/> 104

(b) Accommodation—

Resident in district nurses' home or centre under the control of a superintendent	14	17
Non-resident, but working from a nurses' home or centre under control of a superintendent	82	59
Operating on "single" or "double" district under ultimate control of a superintendent	—	28
	<hr/> 96	<hr/> 104

Training

State-registered nurses are trained in home nursing for the Queen's Roll at the Harpurhey Training Home. During 1959, 11 students were trained in Manchester, 9 for the Manchester Health Department and 2 on behalf of the Flintshire Health Authority. The training consists of supervised experience in domiciliary nursing, lectures, tutorial demonstrations and visits of observation. All the students subsequently sat for the Queen's Roll Examination and were successful, 3 Manchester students receiving credit marks, 2 of them in the practical part of the examination and 1 in the written part. The four weeks lecture block was attended by 34 other students from the following authorities:—

Bolton, Bury, Huddersfield, Rochdale, Salford and Stockport.

Talks are also given by the superintendents to hospital student nurses in connection with their practical experience in relation to district nurses.

Refresher courses

Home nurses have attended refresher courses arranged by the Queen's Institute of District Nursing as follows:—

1. Barnett Hill, Guildford
2. Durham University
3. University of North Staffordshire.

Two superintendents also attended a conference on district nurse training.

Transport

Home nurses are permitted to use their private cars and auto-cycles on official business, and are paid allowances in accordance with the National Joint Council Scale of Car Allowances. At the 31st December, 1959, 18 nurses were authorized to use their private cars, 9 used their own motor or auto-cycles and 9 used cars provided by the department.

Those nurses who do not use self-propelled vehicles avail themselves of the public transport and bicycles provided by the department.

Sickroom equipment loans service

Sickroom equipment may be borrowed from the district nurses' homes or centres, the British Red Cross Society's depots in the City and direct from the Health Department.

The equipment available for loan comprises air rings, urinals, bed cradles, bed pans, bed rests, bed tables, feeding cups, hot water bottles, inhalers, kidney bowls, rubber sheets, sputum mugs, steam kettles, walking sticks, bed linen (in emergency cases), air beds and crutches.

The equipment at the nurses' homes or centres is available for patients visited by district nurses only, but at the other distribution points persons may borrow nursing equipment provided that their applications are supported by a doctor, midwife, health visitor or home nurse.

A small deposit is required in respect of the equipment borrowed except in those cases where the applicants are in receipt of old age pension or National Assistance.

Laundrying of bedding of chronic sick persons nursed at home

The laundry service for chronic sick persons nursed at home, provided under the approved proposals of Sections 28 and 29 of the National Health Service Act, 1946, has expanded during the year. This service enables the Corporation to provide facilities for laundrying the bed linen and night attire of sick persons nursed at home and to acquire and maintain bed linen and clothing for loan in appropriate cases.

At the end of December, 1959, the number of persons receiving the service was 105 as compared with 90 at the end of the previous year. Arising from the increased number of recipients there has been, of course, an increase in the number of articles of bed linen and night attire used and difficulties were experienced at the laundry at "Newholme," in coping with the larger quantities of items sent there. This situation was eased through arrangements made with the Springfield and Swinton Hospital Management Committee for the use of the laundry at Springfield Hospital, Crumpsall. The administration of the service has been facilitated considerably because this second laundry is in the north part of the City: prior to the use of the Springfield Hospital laundry articles collected in all parts of the City had to be transported to "Newholme" which is situated on the south side of the City.

The service is much appreciated, particularly by the home nurses and other persons who assist in the homes of chronic sick. Most of the applications for the service are received from home nurses.

Tests are being carried out in the use of absorbent paper sheets, specially prepared for the purpose, to take the place of the small draw sheets which are placed in the bed under the patient. If the results are satisfactory it may be possible to administer this service at a lower cost than at the present time.

A total of 445 persons used the service during 1959.

DARBISHIRE HOUSE HEALTH CENTRE

The Darbishire House Health Centre which opened in April, 1954, is the only Health Centre in Manchester where general medical practitioners and public health field workers are accommodated in one building and work as a team.

The Centre is administered through the University of Manchester by a Board of Management. The initial costs of adapting and equipping the premises were met from the funds of the Nuffield Provincial Hospitals Trust and the Rockefeller Foundation. The research and teaching expenses are met by the University of Manchester, and the Manchester City Council makes an annual grant towards the costs of the centre in addition to expenditure on the staffing of the maternity and child welfare and school clinics. The four medical practitioners grouped at the centre take the sessions at the clinics and are paid for those services by the Manchester Corporation.

The aims and objects of the centre are (a) to provide medical care for the residents of the district in which it is situated; (b) to demonstrate the proper integration of preventive and curative services as represented by the personal health services of the local authority, the family practitioner services and the hospital specialist services; (c) to provide for the teaching of final-year medical students and (d) to show how medical care can take into account the social factors in the causation of disease in the individual and in the community and so demonstrate the use of such a centre as an instrument of socio-medical research.

More health education measures have been introduced during the year, particularly with regard to ante-natal care. Relaxation and Mothercraft classes, at which cups of tea are obtainable, have in particular proved to be very popular. Discussion groups between mothers and health visitors have been held on an increasing scale and more mothers than formerly attend the centre solely for consultation with the health visitors. A sewing class is well attended as is a physiotherapy session for children.

Accommodation is provided for consultations on Monday evenings by the doctors and the psychiatric social worker of the Family Welfare Service. Particulars of this service and of attendances at the maternity and child welfare centre are shown elsewhere in the report.

Relationships between all staff at the Centre are good and to a large extent this is due to the ease with which personal interviews may be arranged to discuss problems or for group discussions as required. The maternity and child welfare work and the special problems of aged and infirm persons benefit by the close contact the health visitors have with the patients' family doctors and the home nurses, all of whom are on the spot to discuss the position and pool their knowledge of the requirements of the person or household concerned.

It is found to be a great advantage for the health visitors and midwives to be able to meet personally, and in one place, the family doctor, the social worker of the Centre, home nurses and the staff of the school medical department. Informal discussions are also held once a week over lunch between the social worker of the Centre, the 3 health visitors, and sometimes other health visitors from adjoining districts.

General practitioners not attached to the Health Centre are becoming more aware of the services available there and are making use of them, including those of the health visitors who are always anxious to help with the social problems of their patients whenever they are brought to light; some doctors

send their patients to the Centre for complete ante-natal care. Families are also realising that they can attend the infant sessions even though they are not on the panel of the doctors attached to the Health Centre.

It may well be that the full benefits of the co-ordinated service available at Darbshire House Health Centre have yet to be ascertained and it is felt that the whole team is gaining experience continually by working closely together.

CONVALESCENCE

Recuperative holidays were arranged at various convalescent homes on provision of the necessary medical recommendations.

Particulars of the numbers of admissions to the various homes during the year are shown below:—

Blackburn and District Convalescent Home, St. Annes	106
Jewish Blind Society's Home, Bournemouth	6
Lear Home of Recovery, West Kirby	126
"Binswood" British Red Cross Home, Manchester	68
Hillary Nursery Home, Prestatyn (Children)	23
Sefton House, Birkenhead (Children)	5
Ellen Gonner Home, Hoylake (Children)	1
Total	<hr/> 335 <hr/>

Beds for convalescent mothers are provided at Knowle House, Handforth and children are admitted to the Dr. Garrett Memorial Home, Conway, North Wales. Information relating to these homes is given elsewhere in this report.

HOME HELP SERVICE

During the year under review an expansion of the service took place bringing the establishment to 100 full-time home helps working a 44 hour week and 200 part-time helps working a 22 hour week.

The actual numbers recruited during the year were 18 full-time and 95 part-time helps, but as there were 15 resignations of full-time workers and 61 resignations of part-time workers, the average number employed during the year was 97 full-time and 172 part-time home helps as compared with the average number of 87 full-time and 158 part-time workers employed during the previous year.

Careful selection of recruits is essential as the good home help must be not only a hard working and tactful woman but one who takes a real interest in her job and is imbued with a sense of service to the community. In many cases she is not only a domestic worker but carries temporary responsibility for the home particularly in the field of the problem family and the home where, through illness or accident, the mother is incapable of performing her normal household duties.

One actual case illustrates this point. Help was given to a young mother on her return home from hospital following an attack of poliomyelitis during the sixth month of her second pregnancy. As she had quite a serious degree of paralysis in the right arm and leg she found caring for her first baby, a little boy aged two years, almost impossible. A "motherly" help was sent to her and cared for her and her son until she was safely delivered of her baby. The home help attended daily for a further three months until the family moved to a new home outside Manchester but near to the mother's parents. The service provided meant that there was no break up of the family unit and in a time of great trouble the mother was able to enjoy the company of her children in her normal surroundings.

It is, however, regrettable that this type of help cannot always be provided due to the increasingly heavy demands made upon the service by the aged and infirm, who in former years, in many cases, enjoyed the comfort of being cared for by their own sons and daughters.

The care of old people who have no one to turn to in their difficulties is a constant and pressing problem but, as the numbers of helps employed have increased, it has been found possible to provide part-time assistance for them for much longer periods.

In many of these cases a home help looks after a group of five people who live near to one another, so that each day the help can, when shopping for one, or collecting a pension or lighting a fire, call on other old people in the group so that they do not feel completely alone and deprived of company. The home helps have adopted this scheme enthusiastically and if, in an emergency, they are sent to an urgent case of sickness they do not fail to mention that they want to return to their old people at the earliest opportunity.

It is of great assistance in cases where the family income is composed of retirement pensions and National Assistance Benefit that the Corporation makes no charge for the service since this means that no one in need of help is deprived of it because of financial considerations. Where charges are made, the scale of assessment is generous and those needing assistance are unlikely to find the cost beyond their means.

Assessment of need is another matter and this is given careful consideration in all cases before help is provided.

This is one of the duties of the Organizer and her Assistant in their co-ordination of the Service. They visit the homes of people requesting help, recruit helps and supervise their work, allocate duties to them, deal with all case work and exercise supervision over the administration of the Section. During 1959 a total of 2,583 visits were made by the Organizer and the Assistant Organizer: interviews conducted in the Town Hall totalled 787.

The night sitting service has again proved useful in cases of illness where it has been considered inadvisable to leave the patient alone. Though required only six times, on all these occasions it was of great comfort to the patient and provided much needed rest for relatives who could not have continued to care for the invalids 24 hours a day.

The number of households where domestic help was provided during the year is shown below:—

	Total	Cases included in previous column in which help began prior to 1959
(a) Maternity (including expectant mothers)	415	17
(b) Tuberculosis—18 households attended on a total of 43 different occasions, 3 once only and 15 on more than one occasion	18	3
(c) Chronic sick including aged and infirm	899	202
(d) Others	963	221

The combined number of households involved in (b), (c) and (d) above is 1,880. Of these, 1,033 were attended for one period only and 847 for more than one period.

Towards the end of the year the average numbers of days on which help was given in each period of service were:—

	Full-time equivalent
Confinements	9 days
Sickness, Old age, infirmity	15 days

In spite of the greater number of home helps employed, difficulties are still experienced in meeting the demand for cases of chronic sickness, and so long as the emphasis is on home rather than institutional care it must be expected that the difficulties will be more likely to increase than diminish.

Nevertheless, it has been possible to provide many of the aged and infirm with help for longer periods and in some cases it is now of a semi-permanent nature. This has meant much less disturbance for the patient.

Very close liaison has been maintained as in previous years with the Health Visitors' Section, Welfare Services Department, Tuberculosis Section, Home Nursing Service, medical practitioners, hospital almoners and voluntary organizations throughout the City, and it is true to say that during the last eleven years the Service has become an integral part of the social fabric of the City.

The rate of growth of the Service is illustrated in the following table:—

	1955	1956	1957	1958	1959
Average number of helps employed:					
Full-time					
Part-time	68	79	86	87	97
	13.5	40	84	158	172
Analysis of periods of service given :					
Confinement cases	311	330	402	388	415
Sickness cases and those of old age and infirmity . .	F.T. 66 P.T. 1,366	F.T. 70 P.T. 1,866	F.T. 69 P.T. 2,679	F.T. 84 P.T. 3,247	F.T. 50 P.T. 3,298
	— 1,432	— 1,936	— 2,748	— 3,331	— 3,348
Night sitting	—	—	7	9	6
Totals	1,743	2,266	3,157	3,728	3,769

NOTE—F.T. indicates continuous full-time help was given. P.T. indicates help was given on a part-time basis only.

Staff employed

(i) Number of Domestic Help Organizers (including Assistant Organizers) employed at the end of the year:—

- (a) Whole-time—One Organizer and one Assistant Organizer.
- (b) Part-time—Nil.

(ii) Number of Domestic Helps employed at the end of the year:—

- (a) Whole-time—96
- (b) Part-time—185
- (c) Whole-time equivalent of (b)—92½.

FAMILY WELFARE SERVICE

The Family Welfare Service has been in operation since 1948 as a voluntary organization assisted by the voluntary services of medical officers and other workers, grants from the Nuffield Provincial Hospitals Trust and, under the powers conferred by Section 28 of the National Health Service Act, 1946, the Manchester City Council.

However, during the year, by agreement with the Family Welfare Service, the City Council decided that with effect from the 1st April, 1960, the Service should be administered directly by the Health Committee who passed the following resolution in acknowledgement of the services rendered by Lady Gertrude Jefferson, M.R.C.S., D.P.M., the founder of the Service:—

“That the sincere thanks of this Committee be tendered to Lady Gertrude Jefferson for her services in establishing and developing the Family Welfare Service in Manchester.”

The Service has the following objects:—

- (1) To strengthen the idea of the responsibility of the home by seeking to prevent the break-up of marriages and the alienation of children from their parents.
- (2) To promote the adjustment of unhappy and childless marriages.
- (3) To deal with adolescent and similar personal difficulties.

Sessions were held throughout the year at the Northenden maternity and child welfare centre, at the Darbshire House health centre and, until the latter half of the year when the sessions were discontinued owing to staffing difficulties, at the Withington maternity and child welfare centre.

The supervision of the Service during most of the year has been carried on by Lady Margaret Platt, M.B., Ch.B., D.P.M., following the resignation of Lady Jefferson owing to ill health, and the Medical Officer of Health is indebted to Lady Platt for the following report on the work of the service during 1959:—

The Year 1959 has seen many changes in the Family Welfare Service.

In the Spring, we were saddened by the resignation of our founder—Dr. Gertrude Jefferson (Lady Jefferson)—for reasons of ill health. She has been a source of inspiration to all of us who have worked with her and it is difficult to think of the Family Welfare Service without her.

Also in the Spring, the Grant from the Nuffield Foundation ended and this meant that the future of the Service had to be reviewed. The Staff hoped that the Corporation would agree to accept full financial responsibility for the Service thus doing away with the need for further voluntary help. This would give security to the Service and would enable it to expand as the need arose. We were very gratified at the generosity of the Manchester Corporation in making good the loss entailed by the cessation of the Nuffield Grant for a period of twelve months to end in April, 1960, and for their promise to take over the Service after this date provided this is acceptable to the Minister of Health.

For family reasons neither Dr. Platt nor Dr. Oldham could give as much time to the Service as previously and this, added to Dr. Jefferson's resignation, meant that there was considerably less interviewing time available. It was therefore decided to close the Withington Centre—at any rate for the time being. Fortunately Dr. Gregson, who has been working with us for some time was able to give extra time at Darbshire House and at the Wythenshawe Centre.

In September four doctors from the maternity and child welfare services were welcomed as voluntary trainees. This has proved a happy undertaking which could have the two-fold advantage of finding new doctors for the service and of stressing Mental Health concepts to these doctors who are so closely concerned with both the pre-natal and post-natal development of children.

An analysis of the cases seen during the year is as follows:—

Total Number of cases seen 358.

Of these, 167 were old cases carried over from the previous year.

There were 191 new cases of which 65 were Male and 126 Female.

100 were married—32 were single (26 Female, 6 Male).

Total number of interviews: 1,222. Ranging from 34 to 1 in a given case.

Sources of reference.

General practitioners	62
Child guidance clinic	22
Marriage guidance council	16
Health visitors	15
Almoners	4
Other social services	36
Other Patients	16
Press, etc.	18

Problems.

Marital disharmony	81
Difficulties with children	33
Maladjustment	10
Neurosis	5
Depression	10
Anxiety state	6
Housing	4
Sexual difficulties	4
Frigidity	9

It is hoped within the next few months to complete a booklet outlining our work during the past eleven years.

VENEREAL DISEASES

A health visitor is seconded to the Regional Hospital Board as a social worker and contact tracer in the field of venereal diseases, and the patients who attend the clinics through her efforts are the "difficult" ones who would not have done so without effective tracing and persuasion. Considerable effort is needed in finding these patients and persuading them to attend for treatment.

Two evening sessions and one afternoon session at St. Luke's Clinic and one evening session at the Manchester Royal Infirmary, were attended each week.

During the year, 369 visits were made to contacts and defaulters from St. Luke's Clinic, Manchester, the Manchester Royal Infirmary and Hope Hospital, Salford.

16 contacts were traced and brought to the clinic.

44 defaulters attended clinics following home visits by the social worker.

369 visits were made to contacts and defaulters.

During 1959, 704 female patients registered at St. Luke's Clinic, and of these—

273 attended on their own initiative.

102 attended on contact slips issued to consort at the clinic.

148 attended at verbal request of consort. Many of these would probably have received a contact slip.

16 were traced and brought to the clinic by the social worker.

165 attended through other medical agencies.

In 1959 the number of male cases of gonorrhoea treated in the Manchester clinics reached the same total as in 1958, but more female cases of gonorrhoea were diagnosed and treated.

Sanitary Services Division

INTRODUCTION

WATER SUPPLY

FOOD SUPPLY:

- Hygiene
- Milk and ice cream control
- Adulteration

SMOKE PREVENTION:

- Industrial
- Prior approval of the installation of furnaces
- Smokeless zones
- Recording of atmospheric pollution

HOUSING CONDITIONS:

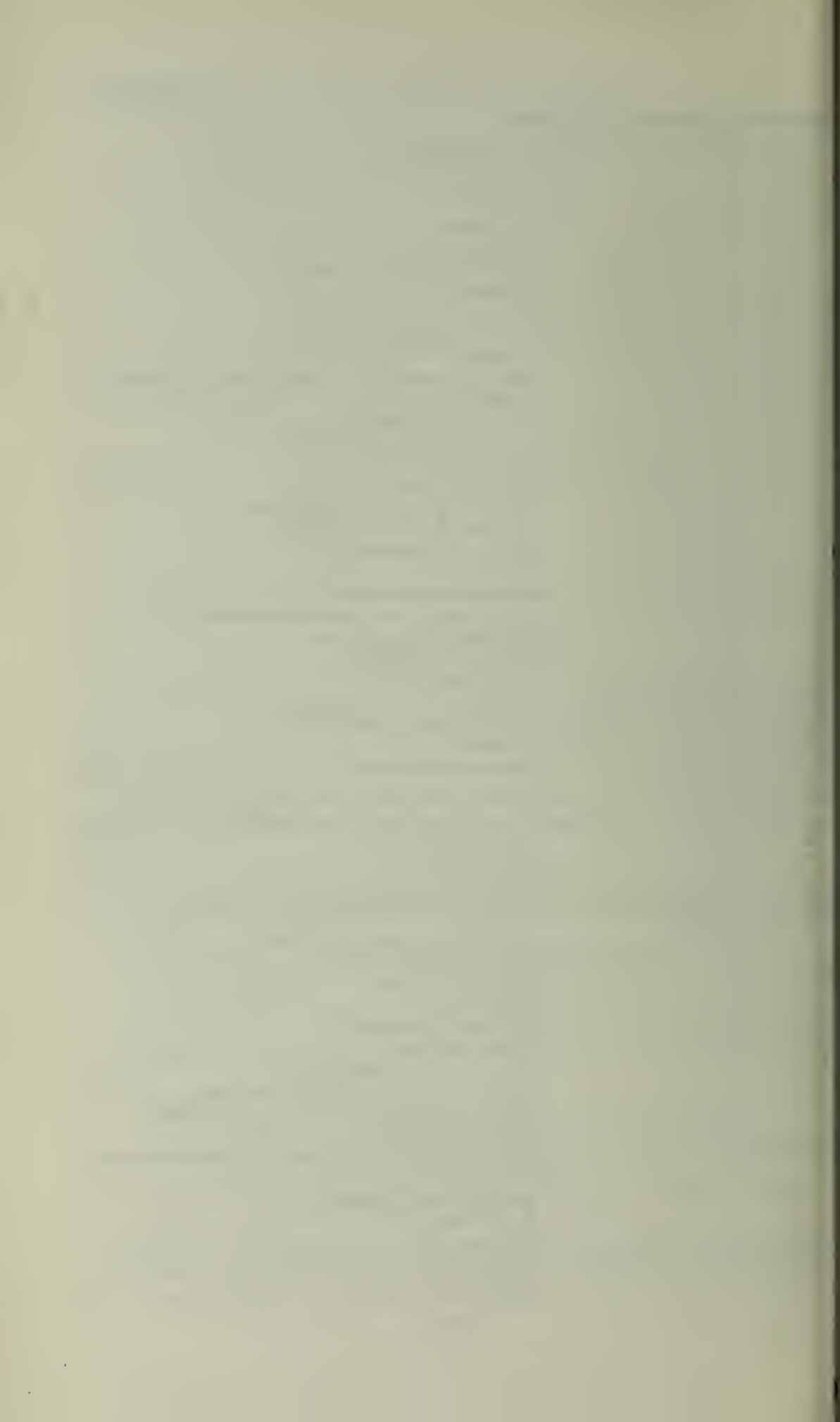
- Clearance areas
- Re-housing: medical circumstances
- Abatement of overcrowding
- Houses let-in-lodgings
- Repairs
- Certificates of disrepair
- Improvements or conversion grants
- Common lodging-houses
- Caravan dwellings
- Canal boats

OCCUPATIONAL CONDITIONS:

- Factories
- Factory outworkers
- Shops and employment of young persons

GENERAL SANITARY CONDITIONS:

- Infectious diseases
- Rodent control
- Eradication of insect pests
- Drainage works (defects and repairs)
- Stopped up drains and sewers
- Sanitary accommodation
- Disposal of refuse
- Offensive trades
- Effluvium nuisances
- Noise nuisance
- Land used for pleasure fairs
- Rag flock and other filling materials
- Export of rags and second-hand clothing
- Swimming baths
- Establishments for massage or special treatment
- Hairdressers or barbers
- Sale of certain poisons
- Burial Grounds
- Dispatch of a body overseas
- Exhumations
- Public Conveniences



SANITARY SERVICES DIVISION

J. Graham, M.B.E., F.A.P.H.I., F.R.S.H., Chief Public Health Inspector.

There has been a very considerable rise in the volume of work carried out by the division as will be seen from the statistics of inspections and visits which show an all-round increase.

In dealing with housing conditions, however, there has not been a corresponding substantial change in the general situation. So many of the inspections were concerned with essential but palliative work on properties which cannot be made fit and should be demolished. The condition of some of the worst is reflected each year in more than 500 individually unfit houses being found to be structurally dangerous and requiring demolition in advance of any planned approach.

Clean air has been a basic policy of the City Council since the early industrial smoke abatement activities of the Nuisance Committee. The emphasis then was on the abatement of black smoke while now increased attention is given to the prevention of smoke emission. Further, in the initial pioneering provisions of the Manchester Corporation Act, 1946, and latterly the Clean Air Act, 1956, there is recognition of the coal-burning domestic firegrate as a major offender. With the appointment of technical assistants the implementation of the City Council's 10-year plan for smoke control areas throughout the City has progressed from the Wythenshawe area into parts of Didsbury and Chorlton-cum-Hardy.

In the supervision of food production and handling there was a considerable increase in the number of inspections made. Every opportunity was taken by the public health inspectors to stress the importance of cleanliness of personnel, equipment and premises as essential prerequisites to the preparation, sale and storage of safe, wholesome food.

The recruitment of experienced public health inspectors to fill vacancies remained difficult, but the Department's training scheme with the "Sandwich Course" at Salford Royal Technical College provided four more newly qualified inspectors. Since 1958 fourteen students from the Department have taken this training and having obtained the necessary qualifying certificate have been appointed as public health inspectors in the Department. This represents 100 per cent. success compared with the national average of 64 per cent. for 1959. At present 18 students from the Department are undertaking this training within different years of the three-year course.

At the end of the year there was a reorganization and reclassification of some posts to integrate duties formerly undertaken separately. These related mainly to milk and ice cream control, food and drugs sampling and food poisoning investigations, and also to default works, drainage examination and rodent control.

It is appropriate to record appreciation of the efforts of all the staff who have continued to carry out their duties with diligence and efficiency.

Inspections and visits

Water

To obtain samples of water for chemical and bacteriological examination	89
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Food supply

Restaurants and snack bars	1296
Factory canteens	134
Bakehouses	624
Food preparation premises	715
Markets re sale of food	94
Shops re sale of food	4935
Hotels, beerhouses	463
Hawkers of food and storage premises	105
Dairies and milk shops for milk samples	257
Shops for other food and drugs samples	576
Shops, markets, etc., re sampling	887
Farms : "Appeal to Cow" samples, etc.	4
Dairies and milk distribution premises	319
Pasteurizing and sterilizing plants	2313
Hospitals, schools and day nurseries	87
Imitation cream premises	21
Premises used for the manufacture of ice cream	382
Premises used for the sale of ice cream	897

Smoke prevention

Works, etc.	3315
Premises re survey for smoke control areas	5661

Housing conditions

Primary inspections of dwelling-houses (Public Health Act, 1936, Housing Act, 1957, etc.)	18669
Subsequent inspections of dwelling-houses	28844
Overcrowding.. .. .	1850
Re-housing (medical cases)	1943
Applications for certificates of disrepair, etc. (Rent Act, 1957)	1006
Applications for improvement grants.. .. .	450
Houses let-in-lodgings	556
Common lodging houses	41
Caravan dwellings	135
Canal boats	77
Supervision of work in default	6666

Occupational conditions

Homes of outworkers	1856
Factories	1518
Shops re Shops Act	4336
Other business premises	1149

infectious diseases

Primary visits after notification	1186
Subsequent visits	214
Contacts	247
Food poisoning	159

General sanitary conditions

Burial grounds, exhumations, etc.	21
Cesspools, pailclosets, etc.	255
Cinemas, theatres, dance and billiard halls	67
Effluvium nuisances	1975
Establishments for massage or special treatment	112
Export of washed rags and second-hand clothing	63
Hairdressers and barbers shops—Manchester Corporation Act, 1950	936
Hospitals, institutions, nursing homes and agencies	67
Infirm persons	5
Land used for pleasure fairs	30
Land, refuse deposits, etc.	1146
Noise	230
Offensive trades	119
Premises for the purpose of examination of drains	418
Piggeries	91
Public sanitary conveniences	162
Rag and bone dealers' barrows	21
Rag flock and other filling material	61
Railway stations	57
Rat infestation	1156
Refuse tips	244
Sale of certain poisons—Pharmacy and Poisons Act, 1933	150
Sanitary accommodation, etc., at parks	92
Sanitary accommodation etc., at schools, churches.. .. .	87
Slaughterhouses	24
Stables	28
Streets, passages, roadways and footpaths	1420
Swimming baths	84
Verminous premises	205
Water courses	170
Miscellaneous	12294

Water supply

Water supply for the City is derived from the Lake District (Haweswater and Thirlmere) and to a lesser degree from the Longdendale Valley.

Service reservoirs on the outskirts of the City and trunk mains are used for distribution with pressures in the higher level districts maintained where necessary by booster stations.

Public Health Inspectors obtained 88 samples for chemical and for bacteriological examination from 38 different premises, including dwelling-houses, flats, houses let in lodgings, day nurseries, hospitals, factories, canteens and shops. As in the previous year, faecal coliform organisms were not found in any of the samples submitted for bacteriological examination. Four samples contained non-faecal coliform organisms, two per 100 mls. in one sample and one per 100 mls. in the other three.

District	No. of samples	Samples free from coliform bacteria	Faecal coli found		Non-faecal coli found		Service reservoir	Source
			No. of samples	No. per 100 mls.	No. of samples	No. per 100 mls.		
Beswick	1	1	—	—	—	—	Audenshaw/ Denton	Longdendale Haweswater
Blackley	5	4	—	—	1	1	—	Haweswater direct
							Heaton Park	Haweswater
Bradford	1	1	—	—	—	—	Audenshaw/ Denton	Longdendale Haweswater
Burnage	1	1	—	—	—	—	Audenshaw/ Denton	Longdendale Haweswater
Cheetham	1	1	—	—	—	—	Prestwich	Haweswater
Chorlton-cum-Hardy	1	1	—	—	—	—	Audenshaw/ Denton	Longdendale Haweswater
Collyhurst	1	—	—	—	1	1	Prestwich	Haweswater
Crumpsall	3	3	—	—	—	—	Heaton Park	Haweswater
Didsbury	6	6	—	—	—	—	Audenshaw/ Denton	Longdendale Haweswater
Gorton	3	3	—	—	—	—	Godley Audenshaw/ Denton	Longdendale Longdendale Haweswater
Higher Openshaw	1	1	—	—	—	—	Audenshaw/ Denton	Longdendale Haweswater
Levenshulme ..	2	2	—	—	—	—	Audenshaw/ Denton	Longdendale Haweswater
Longsight	2	2	—	—	—	—	Audenshaw/ Denton	Longdendale Haweswater
Miles Platting ..	2	2	—	—	—	—	Godley	Longdendale
Moss Side	2	1	—	—	1	2	Audenshaw/ Denton	Longdendale Haweswater
Moston	4	4	—	—	—	—	—	Haweswater direct
							Godley	Longdendale
Newton Heath ..	6	5	—	—	1	1	—	Haweswater direct
							Godley	Longdendale
Northenden ..	2	2	—	—	—	—	—	Thirlmere Haweswater direct

Twenty-seven complaints were investigated. The majority (20) referred to the discolouration of the supply, the presence of water insects in three instances and an abnormal taste or smell in another two. Two complainants were concerned that the water supply to their homes might have been responsible for illness, but the bacteriological and chemical examinations of samples were satisfactory.

The supply from the Longdendale area remained subject to discolouration from the peaty nature of the gathering ground, and treatment plant is being provided by the Waterworks Committee. The work is expected to be complete by 1961.

The Department notified the Engineer and Manager of the Corporation Waterworks of complaints received and of the results of the examinations of all water samples.

Inadequate water supplies or the complete absence of a supply were investigated in respect of 1,173 houses. The majority of the cases were notified by the Waterworks Department who had ascertained that the supplies to the

boundary of the premises were adequate. Usually a defective common service pipe within the curtilage of the premises was responsible, and at 507 houses action was taken by the Department under the provisions of Section 25 of the Manchester Corporation Act, 1956, to secure an adequate supply. The costs are recoverable from the owners. In the remaining cases the owners attended to the necessary work.

The Engineer and Manager of the Manchester Corporation Waterworks has supplied the following information concerning Manchester's water supply:—

1. The water supply has been satisfactory both in quality and quantity.
2. Regular supplies are taken for bacteriological examination of the raw water and of the treated water going into supply. Out of 1,563 samples examined in 1959, 1,316 were found to be free from coliform bacteria. Typical chemical analyses of the sources of supply are attached.
3. The Thirlmere and Longdendale supplies are treated with hydrated lime. This has proved effective in limiting the maximum lead content found in samples given overnight contact with lead service pipes to less than 0.2 p.p.m. which is considered very satisfactory.
4. It has proved impracticable to prevent access of seagulls to the large service reservoirs, but pollution from this source is dealt with by chlorination at the outlets of the reservoirs.
5. The number of dwelling-houses supplied is approximately 210,296. The total population served is 672,300 and direct supplies were afforded in all cases, no supplies being given through standpipes.

TYPICAL ANALYSES

JANUARY TO DECEMBER, 1959

THIRLMERE AND HAWESWATER

Recent analyses of the waters in these lakes are as follows:—

	Thirlmere	Haweswater
pH value	6.4	6.8
Colour as p.p.m. platinum	8	14
Turbidity p.p.m. silica scale	1.1	1.5
	<i>Parts per million</i>	
Total solids dried at 180°C.	24	34
Free acidity as CO ₂	5	4
Alkalinity as CaCO ₃	5	10
Total hardness as CaCO ₃	11	16
Chlorides as Cl ₂	6	6
Nitrates as N ₂	0.15	0.43
Nitrites as N ₂	faint trace	nil
Ammoniacal nitrogen as N ₂	nil	nil
Albuminoid nitrogen as N ₂	0.05	0.04
Oxygen absorbed test, 4 hours at 27°C.	1.10	0.85
Silica as SiO ₂	2.5	2
Iron as Fe	0.04	0.04
Manganese as Mn	0.02	0.01

The water leaving Thirlmere is treated with hydrated lime to correct the pH value and sterilized by chloramine. It is again treated with chloramine before it enters the Manchester area of supply.

The water from Haweswater is treated with chlorine only at Garnett Bridge, some 10 miles from the lake.

THIRLMERE AND HAWESWATER DISTRIBUTED SUPPLIES

Typical analyses of the mixed supplies as taken from house taps is as follows:—

pH value	7.0
Colour as p.p.m. platinum	11
Turbidity as p.p.m. silica scale	1.1
Parts per million	
Total solids dried at 180°C.	40
Free acidity as CO ₂	2
Alkalinity as CaCO ₃	14
Total hardness as CaCO ₃	20
Chlorides as Cl ₂	6
Oxygen absorbed test, 4 hours at 27°C.	0.62
Silica as SiO ₂	2
Iron as Fe	0.06
Manganese as Mn	0.01

LONGDENDALE SUPPLY. Raw water

TYPICAL VARIATIONS

This supply, derived from the peaty Longdendale gathering ground, is subject to wide seasonal variations as indicated by the following results for the past year:—

pH value	4.0	to	6.5
Colour as p.p.m. platinum	28	to	68
Turbidity p.p.m. silica scale	4.5	to	12.5
Parts per million			
Total solids dried at 180°C.	55	to	65
Free acidity as CO ₂	4	to	10
Alkalinity as CaCO ₃	nil	to	5
Total hardness as CaCO ₃	27	to	33
Chlorides as Cl ₂	8	to	11
Nitrates as N ₂	0.3	to	0.7
Ammoniacal nitrogen as N ₂	0.02	to	0.05
Albuminoid nitrogen as N ₂	0.04	to	0.10
Oxygen absorbed test, 4 hours at 27°C.	1.0	to	3.8
Silica as SiO ₂	7	to	12
Iron as Fe	0.33	to	1.1
Manganese as Mn	0.07	to	0.15

This supply is sterilized by chloramine treatment, followed by neutralization with hydrated lime to correct the pH value for distribution.

LONGDENDALE AQUEDUCT SUPPLY. Taken at Godley Reservoir Outlet as entering distribution system.

TYPICAL ANALYSES

	Date	Jan. 19th	May 4th	Sept 28th
	Lab. No.	6045	6198	6456
pH value		7.3	8.4	8.5
Colour as p.p.m. platinum		54	42	68
Turbidity p.p.m. silica scale		11.4	7.3	9.0
Parts per million				
Total solids dried at 180°C.		71	69	83
Free acidity as CO ₂		2	nil	nil
Alkalinity as CaCO ₃		12	13	16
Total hardness as CaCO ₃		34	34	41
Chlorides as Cl ₂		9	11	10
Oxygen absorbed test, 4 hours at 27°C.		3.74	2.0	2.0
Silica as SiO ₂		8	8	9
Iron as Fe		0.42	0.80	1.12
Manganese as Mn		0.10	0.07	0.09

BACTERIOLOGICAL REPORT
LAKES, AQUEDUCTS AND RESERVOIRS

	Total number of samples	Samples free from coliform bacteria	Faecal Coli present		Non-faecal Coli present	
			No. of samples	No. per 100 mls.	No. of samples	No. per 100 mls.
<i>Lakes</i>						
Haweswater	2	0	1	11	2	1 and 3
Thirlmere.. .. .	0	0	0	—	0	—
<i>Aqueducts</i>						
Haweswater	45	28	3	1	17	1-5
Thirlmere :—						
Middlebrook strainers	8	1	6	1-600	7	1-160
Middlebrook north well	8	3	3	3-50	5	1-50
Longdendale	48	6	41	1-160	39	1-250
<i>Service Reservoirs</i>						
Audenshaw No. 1	44	1	38	1-9000	40	1-9000
Audenshaw No. 2	48	3	42	1-3500	44	1-6000
Audenshaw No. 3	48	3	39	1-350	44	1-900
Denton No. 2	23	3	19	1-1600	18	1-16000
Godley Inlet	48	41	4	1	6	1-13
Godley Outlet	48	31	4	1	17	1-35
Heaton Park	9	0	9	170-9000	9	3-3500
Westwich	45	19	10	1-13	24	1-5

Water from Haweswater is chlorinated in the aqueduct at Garnett Bridge, some 10 miles from the lake.

Water from Thirlmere is chlorinated in the aqueduct near the headworks and it is re-chlorinated before it enters the Manchester area of supply. On three occasions, samples taken at Middlebrook north well, representing water immediately after re-chlorination, showed 35, 3 and 50 faecal coli per 100 mls. with roughly an equal number of non-faecal coli, therefore the chloramine treatment was stepped up so as to give water free from faecal coli.

Longdendale aqueduct results refer to the water prior to chlorination. The chlorinated supply enters Godley reservoir and sufficient chloramine is added so as to maintain a chlorine residual in the water leaving the reservoir for distribution.

The water leaving the service reservoirs, except Godley reservoir, is sterilized with chlorine or chloramine prior to distribution.

The Audenshaw, Denton and Heaton Park reservoirs have been seriously polluted by gulls. Heaton Park reservoir has been out of service for a large part of the year.

CHLORINATED SUPPLIES PRIOR TO DISTRIBUTION

Supply	Total number of samples	Samples free from coliform bacteria	Faecal Coli present		Non-faecal Coli present	
			No. of samples	No. per 100 mls.	No. of samples	No. per 100 mls.
Audenshaw	106	68	16	1-35	35	1-35
Denton	49	40	0	—	9	1- 5
Godley Outlet	48	31	4	1	17	1-35
	203	139	20	—	61	—

Of the 20 samples with faecal coli, 17 contained only 1 per 100 mls., the remaining 3 samples contained 2, 5 and 35 per 100 mls. respectively.

Of the 61 samples with non-faecal coli, 37 contained only 1 coli per 100 mls., 4 samples did not exceed 5 coli per 100 mls. 3 contained 13 coli and 2 contained 35 coli per 100 mls.

CHLORINATED WATER SUPPLIES ON DISTRIBUTION

Supply	Total number of samples	Samples free from coliform bacteria	Faecal Coli present		Non-faecal Coli present	
			No. of samples	No. per 100 mls.	No. of samples	No. per 100 mls.
Audenshaw	213	187	2	1	26	1-350 a
Audenshaw+Denton . .	94	64	5	1- 5	29	1- 35 b
Audenshaw+Denton +Gorton	80	51	2	1	27	1- 8 c
Audenshaw+Prestwich	13	13	0	—	0	—
Denton	45	41	0	—	4	1
Godley	203	177	6	1-11 d	25	1- 25 d
Haweswater	374	337	9	1-20 e	33	1-350 e
Heaton Park	80	37	12	1-50 f	40	1- 50 f
Prestwich	138	130	0	—	8	1- 2
Thirlmere+Haweswater	323	279	8	1- 3	42	1- 25 g
	1563	1316	44	—	234	—

NOTES.

- (a) The coliform bacteria found in these samples were derived from aftergrowths in deposits in the mains as 49 other samples taken on the same dates as the 20 samples containing coli were found to be coli-free.

Only 2 samples were found to contain faecal coli, i.e. 1 per 100 mls. in each case.

Of the 26 samples containing non-faecal coli, the majority contained only a few coli per 100 mls. as the following summary shows :—

NON-FAECAL coli	
<i>No. of samples</i>	<i>per 100 mls.</i>
18	1
4	2 or 3
2	8 and 13
1	50
1	350

The samples with 13, 50 or 350 coli were associated with disturbed mains conditions and very localized. Repeat samples were satisfactory.

- (b) Only 5 samples contained faecal coli and 3 of these contained only 1 per 100 mls. each. The other 2 samples contained 3 and 5 associated with a few non-faecal coli and were taken on the same day. These were derived from a local mains disturbance.

Most of the samples with non-faecal coli had low coli counts, as follows:—

NON-FAECAL coli	
<i>No. of samples</i>	<i>per 100 mls.</i>
15	1
1	2
9	3-8
3	13
1	35

These coli were derived from aftergrowths in deposits in mains and sometimes associated with disturbances in mains. 30 samples free from coli were taken on the same dates as the 30 samples with coli.

- (c) The 27 samples with non-faecal coli gave the following counts:—

NON-FAECAL coli	
<i>No. of samples</i>	<i>per 100 mls.</i>
18	1
1	2
5	3
3	5-8

The above were derived from aftergrowths in mains deposits and 35 samples free from coli were taken on the same dates as those with coli present.

- (d) Only 6 samples showed faecal coli and only 1 per 100 mls. were found in each of 5 samples. The remaining sample had 11 faecal coli per 100 mls., associated with 25 non-faecal coli and this result is due to aftergrowth from a disturbed main deposit as repeat samples in the locality were coli-free.

The 25 samples with non-faecal coli gave the following results:—

NON-FAECAL coli	
<i>No. of samples</i>	<i>per 100 mls.</i>
18	1
1	2
3	3
2	5
1	25

The sample with highest count has been referred to above. The remainder are the results of aftergrowths in deposits in the mains.

- (e) Faecal coli were found in 9 samples. The count in 8 of these was 1 per 100 ml. One sample showed 20 faecal coli, associated with 350 non-faecal coli per 100 ml. due to a disturbed main condition as another sample on the same day in a near locality was coli-free. A repeat sample was also excellent.

Samples with non-faecal coli gave the following results:—

No. of samples	NON-FAECAL coli per 100 mls.
28	1
3	3
1	8
1	350

Apart from the sample with high count, referred to above, the other results are due to aftergrowths from mains deposit. 58 samples free from coli were taken on the same dates as the 37 samples with coli.

- (f) This reservoir was out of service for some 5 months, March to September, hence the relatively small number of samples.

Faecal coli were found in 12 samples, but 10 of these contained only 1 coli per 100 mls. each. The remaining 2 samples contained 3 and 50 per 100 ml. On account of the heavy pollution of the reservoir by gulls, it was treated with copper sulphate and the chloramine treatment substantially increased.

The samples with non-faecal coli gave the following results:—

No. of samples	NON-FAECAL coli per 100 mls.
21	1
3	2
6	3
5	5
3	8
1	13
1	50

These coli are again associated with aftergrowths in mains. The 50 non-faecal coli were found in the same sample as the 50 faecal coli mentioned above and on the same day; 2 other samples contained 1 and 0 faecal coli respectively. 24 samples free from coli were actually taken on the same dates as 43 samples with coli.

- (g) Faecal coli were found in 8 samples, 7 of which contained only 1 coli per 100 ml. each and the remaining 1 had 3 coli.

The 42 samples with non-faecal coli were as follows:—

No. of samples	NON-FAECAL coli per 100 mls.
31	1
6	3
2	5
1	8
1	13
1	25

The samples with 8 to 25 coli were traced to local disturbances in mains and numerous other samples on the same dates were coli-free.

Again the coli are derived from aftergrowths in deposits in mains. On this supply 109 samples free from coli were taken on the same dates as the samples with coli.

GENERAL

Chlorination of all water supplies has been maintained throughout the year.

During the warmer months of the year—and this year we had an extended period of warm weather—aftergrowths of coliform bacteria occur in the deposits in the mains. In line with previous years, therefore, coliform bacteria from mains deposits have appeared in the supplies. Disturbances in mains have caused a few samples to contain high coliform counts, essentially non-faecal types.

The samples with coliform bacteria showed that 84 per cent. of those showing faecal coli contained only 1 per 100 mls. and of the samples showing non-faecal coli, 67 per cent. contained only 1 coli per 100 mls. and 94 per cent. contained less than 10 per 100 mls.

The general water supply has given the following results, representing the water entering the distribution system as well as the distributed water.

Total number of samples.. . . .	1,766	
Samples free from all coli in 100 mls.. . . .	1,455	82.4 per cent.
Samples free from faecal coli in 100 mls.	1,702	96.4 per cent.
Samples free from or containing only 1 faecal coli per 100 mls.	1,756	99.4 per cent.
Samples free from or containing not more than 2 faecal coli per 100 mls.	1,757	99.5 per cent.
Samples free from or containing not more than 3 faecal coli per 100 mls.	1,760	99.7 per cent.

The bacteriological quality of the distributed water supply has been maintained at a very satisfactory standard throughout the year despite the pollution of service reservoirs.

FOOD SUPPLY

Hygiene

There was no major change in the law relating to food hygiene, but consolidating and amending regulations were issued during the year dealing with the treatment and the composition of certain foods and with milk and dairies, as follows:—

- Ice Cream (Heat Treatment, etc.) Regulations, 1959
- Food Standards (Ice Cream) Regulations, 1959
- Milk and Dairies (General) Regulations, 1959
- Condensed Milk Regulations, 1959
- Labelling of Food (Amendment) Regulations, 1959
- Fluorine in Food Regulations, 1959
- Arsenic in Food Regulations, 1959

12,484 inspections were made to maintain prescribed standards and on the majority of occasions conditions were found to be satisfactory. Disrepair and defects of the structure or equipment were found in connection with 592 food premises, and at 298 there were unsatisfactory standards of cleanliness. Satisfactory conditions were secured following verbal or written cautions. In two cases, one concerning a bakehouse and the other a vehicle used for the delivery of food, it was necessary to institute legal proceedings. Penalties were imposed in both instances totalling respectively £44 and £3.

Food hawkers in Manchester subject to registration under Section 41 of the Manchester Corporation Act, 1946, now total 638. There are also 130 storage premises registered as being used by the hawkers. Strict supervision is maintained as the limited facilities available to ensure cleanliness on barrows or other vehicles entail a potential risk of contamination of food. No food hawker was subjected to legal proceedings during the year.

272 cases of food poisoning were investigated compared with 827 during the previous year. In 19 single cases and 6 family outbreaks concerning 12 cases, causal organisms were not found. In the remaining 241 cases the heat resistant organism, *clostridium welchii*, was found to be associated with the illness in 177 cases and accounted for the three major outbreaks investigated. Boiled mutton and gravy appeared to be the vehicle of infection at a school outbreak involving 100 persons. Braised liver and gravy infected 40 persons partaking of a meal in the canteen of a large engineering works, and 35 persons were similarly affected following the Christmas dinner at their staff canteen. *Staphylococcus aureus* was responsible for six cases in two outbreaks in which vanilla slices and meat pies respectively were considered to be the vehicles of infection. The remaining 58 cases were caused mainly by the *Salmonella* group of food poisoning organisms, principally *S. typhi-murium*.

A summary of the 241 cases in which causal organisms were found is included in the epidemiology section of the report.

Milk and ice cream control

In carrying out the duties directed to ensuring the safety and purity of milk and ice cream, the regular inspection of dairies, equipment and methods of milk distribution has been maintained and regular submission of milk samples made to the Public Health Laboratory for bacteriological and biological examination. Similar measures were also taken in respect of the manufacture and sale of ice cream.

Dairies

More than 3,000 visits were paid to dairies and milk distribution depots in the City during the year and the general standard of cleanliness was found to be good. It was not found necessary to institute legal proceedings in respect of any contravention of the Milk and Dairies Regulations.

In addition to routine visits the inspection and checking of the 10 licensed pasteurizing plants and six licensed sterilizing plants has been carried out at least once a month. The efficiency of these plants is reflected in the high percentage (99·7) of satisfactory results obtained on samples of the milk taken at the dairies and on the road whilst the milk was in course of delivery to hospitals, schools and the general consumer. 741 such samples were taken throughout the year with only 2 of them (0·3 per cent.) failing to pass the prescribed tests laid down by the Ministry, viz. the phosphatase test for efficiency of heat treatment and the half-hour methylene blue test for keeping quality.

The number of distributors of milk registered in the City is now 2,143. This figure includes 14 dairymen retailing milk in Manchester whose premises are outside the City.

Milk supply to hospitals, schools and day nurseries

Pasteurized milk supplied to various hospitals, schools and day nurseries in the City have been strictly supervised and regularly sampled. The results of the examinations have shown that a uniformly satisfactory standard of quality and cleanliness has been maintained and on no occasion was the milk found to contain tubercle bacilli.

The raw milk supplied to the Langho Epileptic Colony and Booth Hall Hospital from the attested herds at the Langho Colony farms has been frequently sampled both at the farms and on arrival at Booth Hall Hospital. The results of the examinations have been satisfactory, both as regards quality and cleanliness, and in no case has there been tuberculous infection of the milk.

General

A small number of complaints were made to the department during the year by members of the public regarding either milk bottles being dirty or foreign matter having been found in the milk. These cases were investigated and cautions, where required, given to the dairies concerned.

It is estimated that not less than 700,000 bottles are washed daily in the City and although dairies are equipped with modern washing machines and employ staff solely for the inspection of washed bottles, there still remains the possibility of an ineffectually washed bottle reaching the public. Every opportunity is taken of urging that the utmost care should be taken by those responsible but the general public could be of more assistance in seeing that empty bottles are rinsed immediately and are not misused.

No infectious disease attributable to milk occurred during the year.

There has been an appreciable increase in the sale of milk from automatic machines in the City. At present approximately 40 machines, controlled by one dairy company, are installed for the sale of milk which is pasteurized and sealed in cartons at the dairy. The temperature of the milk in each machine is maintained between 35°F. and 40°F. by an electrically operated cooling unit. All the machines are visited at least once daily for refilling by the dairy company who recognize the need to ensure that no stale milk is offered for sale. The demand for milk from the machines is such that most are visited and cartons replenished twice and often three times each day. To encourage the proper disposal of empty cartons when used by consumers at a machine, a litter bin is provided and emptied by the dairy company.

Ice cream

The Ice Cream (Heat Treatment, etc.) Regulations, 1959, became operative on the 27th April, 1959. They consolidated and amended the Ice Cream (Heat Treatment, etc.) Regulations, 1947 to 1952, which were thereby revoked.

The principal amendments relate to the limited exemption from pasteurization or sterilization of certain types of water ices and ice-lollies, the acidity of which, if with a pH value of 4.5 or less, is considered to make such treatment unnecessary.

The regulations also now permit a sterilization process as an alternative to one or other of three specified methods of pasteurization applicable to ingredients used in the manufacture of ice cream. The resultant mixture is to be reduced to a temperature of not more than 45°F. within 1½ hours and maintained at this temperature until freezing is commenced. The permitted exceptions to the cool temperatures are (a) sterilized mixtures filled into sterile airtight containers under sterile conditions and kept sealed, (b) mixtures with an acidity pH value of 4.5 or less to which has been added a pasteurized or sterilized mixture, provided the combined mixture is frozen within one hour.

Other amendments of an administrative nature are of minor significance.

The number of premises registered for the manufacture and/or sale of ice cream is 2,293. The majority of these premises are equipped with totally enclosed automatic cabinet refrigerators which sell only pre-packed ice cream. At the small number of premises from which loose ice cream is sold provision is made for the satisfactory cleansing and sterilizing of utensils separate and distinct from the domestic facilities.

Inspection of ice cream premises has been maintained and the general standard of cleanliness found to be good. In no instance was it necessary to institute legal proceedings in respect of dirty premises or equipment. 32 samples of ice cream were taken during the year for bacteriological examination; 25 (78·1 per cent.) were placed in Grade 1, 4 (12·5 per cent.) in Grade 2, 3 (9·4 per cent.) in Grade 3 and none in Grade 4 (the lowest grade). Grades 1 and 2 can be regarded as satisfactory and Grade 3 fairly satisfactory. Thorough investigations were made at the factories in which the Grade 3 samples had been produced and repeat samples were classified in Grade 1.

198 premises were registered during the year for the sale of ice cream, 151 being new registrations and 47 changes of tenancy. One application for the sale of ice cream was refused as the premises and facilities available did not satisfy the prescribed standards of the department.

No case of infectious disease reported to the department was attributable to the eating of ice cream.

TABLE I.
Milk (Special Designation) Regulations, 1949
LICENCES ISSUED DURING THE YEAR

<i>Dealer's licence to use the designation:</i>											
<i>Pasteurized—</i>											
(A) Pasteurizing establishments	..	..	..	..	..	..	..	..	..	..	10
(b) Other dairies and bottled milk shops..	..	..	..	..	..	..	..	..	..	..	1,686
<i>Sterilized—</i>											
(A) Sterilizing establishments	..	..	..	..	..	..	..	..	..	..	6
(B) Other dairies and bottled milk shops..	..	..	..	..	..	..	..	..	..	..	2,011
<i>Tuberculin tested—</i>											
Dairies and bottled milk shops	..	..	..	..	..	..	..	..	..	..	642
<i>Supplementary licences to use the designation:</i>											
Pasteurized	..	..	..	..	..	..	..	..	..	..	10
Sterilized	..	..	..	..	..	..	..	..	..	..	12
Tuberculin tested	..	..	..	..	..	..	..	..	..	..	12

TABLE II.

Bacteriological and biological examination of pasteurized and sterilized milks

Place of collection of sample	BACTERIOLOGICAL, ETC., EXAMINATION**						BIOLOGICAL EXAMINATION FOR PRESENCE OF TUBERCLE BACILLI			
	No. of samples examined	Satisfactory		Unsatisfactory		No. of samples examined	Positive		Negative	
		No.	Percentage	No.	Percentage		No.	Percentage	No.	Percentage
Pasteurizing plant at dairy..	152	152	100.0	—	—	—	—	—	—	—
Hospitals	163	163	100.0	—	—	163	—	—	163	100.0
Schools	77	76	98.7	1	1.3	79	—	—	79	100.0
Day nurseries	62	62	100.0	—	—	63	—	—	63	100.0
On road during distribution.	287	286	99.6	1	0.4	—	—	—	—	—
Totals	741	739	99.7	2	0.3	305	—	—	305	100.0

In addition to the above samples, 305 samples of pasteurized milk were taken at hospitals, schools and day nurseries in the City and submitted for chemical analysis. The results of the analysis showed that all the samples came up to the legal standard with the exception of one informal sample, taken at one of the schools in the City, which was 3.3 per cent. deficient in fat. Subsequent samples, taken formally and informally, from the dairyman concerned, proved to be satisfactory.

**OFFICIAL TEST : (1) Pasteurized and Tuberculin Tested (Pasteurized) Milk to pass the phosphatase and $\frac{1}{2}$ hour methylene Blue tests.
(2) Sterilized and Tuberculin Tested (Sterilized) Milk to pass the turbidity test.

Food and drugs adulteration

In the administration of the Food and Drugs Act, 1955, and the associated Regulations and Orders concerned with the composition of food and drugs, samples of food and drugs customarily purchased by a family were procured and submitted to the Public Analyst for examination.

The total number of samples obtained was 2,442, of which 1,041 were milk samples, including 4 "appeal to cow" samples. 348 samples of milk were purchased from retailers and all conformed to the standard prescribed by the Sale of Milk Regulations, 1939. One bottle of sterilized milk submitted by a private purchaser was found to contain 24 per cent. of added water. The bottle had been opened by the purchaser and the investigation did not elicit conclusive evidence to establish the source of adulteration. A formal sample of "Ice Cold" milk purchased at a snack-bar was deficient in fat and solids-not-fat and the vendor was cautioned. Another formal sample sold as "hot" milk from a snack-bar was found to contain 36 per cent. of added water and was 48 per cent. deficient in fat. To ensure that the milk as delivered by the dairy company to the snack-bar was satisfactory, a formal sample was taken at the place of delivery to the snack-bar, examined by the Public Analyst and found to be genuine. Legal proceedings were instituted against the snack-bar proprietor and he was fined £10.

685 samples of milk were taken from farmers' consignments on arrival at dairies in the City and 86 (12·5 per cent.) proved on analysis to be below the presumptive standard; of these 16 were deficient in fat but they were parts of consignments of which the average fat was satisfactory and complied with the prescribed standard. Cautions were sent to 13 farmers in respect of 27 other samples not seriously below the presumptive standard. Seven informal samples found to be substantially adulterated were followed by formal samples, and as these were also substantially adulterated, legal proceedings were instituted against the farmer who was fined £14 and ordered to pay £2 8s. costs. The remaining 29 samples had small deficiencies of non-fatty solids but further samples from the same sources proved to be satisfactory.

1,401 samples of food (other than milk) and drugs were procured and submitted to the Public Analyst. Of these 757 were formal samples and 644 were informal. In accordance with the procedure of the Food and Drugs Act, 209 notifications of formal sampling were sent out to the manufacturer or packer of pre-packed foods. 20 of the samples were found to be adulterated or irregular, 9 formal and 11 informal. Of the latter 5 samples of food containing extraneous matter were submitted to the Public Analyst.

The irregularities were dealt with in the following manner:—

Samples of pickles, soup powder and plum pudding contravened the Labelling of Food Order, the ingredients either not being stated on the label or not stated in the correct quantitative order. The manufacturers or packers were cautioned and the commodities re-labelled.

Three formal samples of soft drinks were labelled (1) "Non-alcoholic Rum Flavour," (2) "Non-alcoholic Cherry Brandy Flavour," and (3) "Non-alcoholic Creme de Menthe Flavour." The labelling in each case was considered to be unsatisfactory as the words "Rum," "Cherry Brandy" and "Creme de Menthe" were unduly prominent, and an application was made to the Ministry of Agriculture, Fisheries and Food for a certificate that the requirements of the Act had not been complied with. This procedure is necessary in

connection with contemplated legal proceedings under Section 6 of the Food and Drugs Act. The Ministry intimated that a certificate had already been issued to another local authority for similar action against the same firm. Legal proceedings were instituted by that authority and resulted in a fine of £20 and costs against the offending firm.

A sample of sago was found to consist of tapioca and the retailer was informed of his error.

Three formal samples of dried fruit contained insect larvae ; the vendors were cautioned and the remaining stocks examined and where necessary withdrawn from sale.

An informal sample of white pepper contained 5 per cent. of rice starch and was followed by a formal sample which contained 1·5 per cent. of rice starch. The manufacturer was cautioned and residual stocks withdrawn from sale.

An informal sample of golden syrup contained black streaks associated with the presence of iron and was deemed to be spoilt food but the remaining stock was satisfactory.

An informal sample of " Gee's Linctus " contained an excess of morphine but a formal sample purchased from the same source was satisfactory.

The circumstances were also investigated of 12 articles of food containing extraneous matter and submitted by members of the public. Legal proceedings were instituted in 3 instances and fines and costs totalled £15 15s. for (1) bread containing part of a small rodent. (2) bread containing a cigarette end, and (3) meat and potato pie containing a cockroach. The investigations of the remaining articles of food did not produce evidence to allow prosecutions. Where the source of the commodity was outside the City the appropriate Health Department was informed.

There were no contraventions of the Public Health (Preservatives, etc., in Food) Regulations, 1925 to 1958.

Public Health Dried Milk Regulations, 1923-1948

Condensed Milk Regulations, 1959

40 samples of dried and condensed milks were submitted to the Public Analyst for examination and the quality and labelling were found to be satisfactory.

Food Standards (Ice Cream) Order, 1953

All the samples of ice cream submitted for analysis complied with the prescribed standard.

The samples of food and drugs which failed to meet the requirements of the Act, Regulations and Orders are detailed in the following tabular statement.

Adulterated and other unsatisfactory samples of food and drugs, and action taken

Private and informal samples										Formal samples														
Adulterated or unsatisfactory	Formal samples obtained	Cautioned	Notified to other local authority for investigation	Legal proceedings					Article	Adulterated or unsatisfactory	Cautioned	Legal proceedings					Summons	Number of samples	Fined	Amount of fines	Amount of costs			
				Summons	Conditional discharge	Fined	Amount of fines	Amount of costs				Summons	Number of samples	Fined	Amount of fines	Amount of costs								
36	36	2	1	2	1	1	1	1	Milk	36	28	2	£ s. d. 24 0 0	£ s. d. 2 8 0	2	8	2	£ s. d. 24 0 0	£ s. d. 2 8 0	2	8	2	£ s. d. 24 0 0	£ s. d. 2 8 0
4†	1	1	1	1	1	1	1	1	Bread	3	3	1	1	1	1	1	1	1	1	1	1	1	1	
1	1	1	1	1	1	1	1	1	Canned meat	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
1†	1	1	1	1	1	1	1	1	Dried fruit	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
1	1	1	1	1	1	1	1	1	Fruit cake	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
1†	1	1	1	1	1	1	1	1	Gee's Linctus	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
1†	1	1	1	1	1	1	1	1	Golden syrup	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
1	1	1	1	1	1	1	1	1	Meat and potato pie	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
1	1	1	1	1	1	1	1	1	Pepper	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
1	1	1	1	1	1	1	1	1	Pickles	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
1	1	1	1	1	1	1	1	1	Pikelet	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
1	1	1	1	1	1	1	1	1	Plum pudding	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
1	1	1	1	1	1	1	1	1	Sago	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
1†	1	1	1*	1	1	1	1	1	Sausage	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
1†	1	1	1*	1	1	1	1	1	Soft drink	3†	1	1	1	1	1	1	1	1	1	1	1	1	1	
1	1	1	1	1	1	1	1	1	Soup powder	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
1†	1	1	1	1	1	1	1	1	Sugar confectionery	1	1	1	1	1	1	1	1	1	1	1	1	1	1	

* Joint action with other authorities.

† Includes 1 sample each of bread, fruit cake, ment and potato pie, sausage, soft drink and sugar confectionery which were not submitted to the Public Analyst.

‡ Legal proceedings instituted by other authority for similar offences.

SMOKE PREVENTION

In the prevention of industrial smoke, 1959 was of special interest in being the first complete year of the operation of the Dark Smoke (Permitted Periods) Regulations, 1958. Previously statutory action was possible only in respect of industrial smoke emissions deemed to be in such a quantity as to cause a nuisance. There was no prescribed time/density standard for such smoke nuisances although a standard adopted in Manchester, which was considered stringent in comparison with many other localities, deemed that a smoke nuisance arose if black smoke was emitted from an industrial chimney for an aggregate period of two minutes or more within a period of 30 consecutive minutes. The procedure entailed the service of abatement notices and applications to the Court for "nuisance orders." "Black" smoke was not defined.

The Dark Smoke (Permitted Periods) Regulations, 1958, define "black" smoke and prohibit the emission of black smoke for more than two minutes in any period of 30 minutes. Limitations are also placed on emissions of "dark" smoke, which is defined, and statutory action can be taken against offenders without the necessity for the time-wasting procedure of seeking nuisance orders.

The standards prescribed by these regulations are clearly more onerous and although it is evident that the maintenance of boiler plant is improving, more offenders were reported to the Health Committee. Many offences were from premises from which there had been no cause for previous complaint and in these circumstances a greater number of cases were cautioned by the committee than in previous years. In some instances the defences allowed by the Clean Air Act in respect of lighting up from cold, of mechanical failure or unsuitable fuel precluded further action being taken.

With the more stringent provisions, skilled control of furnaces is even more important than previously, and the increasing use of mechanical firing appliances with bituminous coal, whilst assisting a skilled operative to maintain satisfactory combustion, will not of itself prevent smoke emission unless properly controlled. It is therefore to be deprecated that in spite of the availability of courses of instruction for boiler stokers over many years, the principal cause of excessive smoke emission remains that of unskilled firing. The use of oil fuel especially with smaller plant has permitted the installation of fully automatic control, eliminating the necessity for continuous skilled attention, but full maintenance and instrumentation remain essential.

The total number of timed observations greatly exceeded those of previous years, and in the great majority no dark smoke emissions were recorded. The time expended on such a large number of non-offending chimneys was due to complaints received by the department regarding smoke and fumes in the Miles Platting area of Manchester. In one instance of grit emission which was reported in 1958, a manufacturer installed a grit arrestor. Another firm has been carrying out adjustments and improvements to their plant to control smoke emission, in conjunction with H.M. Alkali Acts Inspector, under whose jurisdiction the processes are controlled. It should be noted that legal action can only be taken by the Corporation if the Minister of Housing and Local Government so consents, in the light of any special circumstances reported to him by the Corporation.

Following action by the department regarding the emission of dense volumes of fumes from galvanizing processes, the manufacturers are carrying out a large scheme of modernization. New zinc melting furnaces fired by light oil are to be installed, thus permitting accurate control of temperature. Pre-fluxing of the material to be treated will reduce the emission to a great extent and the provision of mechanical ventilation will collect the fumes and discharge them at a higher level.

The following statement relates to the work of the public health (smoke) inspectors under the provisions of the Clean Air Act, 1956, and the Manchester Corporation Act, 1946, Section 35.

Smoke emissions reported to the Committee

Causes of emission	Action taken		Totals
	Caution	Prosecution	
Unskilled firing	*36	†13	49
Unsuitable fuel	1	1	2
Unskilled firing and unsuitable fuel	2	—	2
Unskilled firing and no control of secondary air	3	—	3
Mechanical failure	8	—	8
Overloaded plant	1	—	1
Underloaded plant	1	—	1
Unskilled firing and dilapidated plant	1	—	1
Open fire on land burning waste	2	2	4
Lighting up from cold	4	—	4
Accidental cause	1	—	1
	60	16	76

* Includes 3 contraventions at buildings in the occupation of the Crown which were dealt with in accordance with section 22 of the Clean Air Act by intimations to the responsible Ministers.

† Includes 2 cases dismissed, and one given an absolute discharge.

Total amount of penalties and costs awarded .. £110 14s.

Timed observations recording smoke emissions

	Number	Total amount of dark smoke in minutes
(a) Infringements of the Clean Air Act	76	622
(b) Dark smoke but not infringements of the Clean Air Act..	506	777
(c) No dark smoke	6,049	—
Totals	6,631	1,399

Prior approval of the installation of furnaces

Under the provisions of the Manchester Corporation Acts, 1946 and 1950 Sections 36 and 42 respectively, subject to certain exceptions, newly installed furnaces are required to be smokeless as far as is practicable. Industrialists and consultants can submit their proposals voluntarily, and if these are approved obtain a certificate to that effect. The Department generally becomes aware of proposed installations by the perusal of plans deposited with the City Architect in which the siting of chimneys, flues or furnaces is indicated, or by information from consultants and others concerned. In general, formal proposals are submitted only after preliminary discussions with the Department so as to ensure that the proposals comply with the requirements of the Corporation.

Section 3 of the Clean Air Act, 1956, contains somewhat similar provisions regarding newly installed furnaces, but also requires that the local authority shall be given notice of intention to install a furnace, with the exception of certain movable furnaces and those of a domestic type below a certain rating. Compliance with this section will ensure that the Department is fully informed of all such furnaces whether or not formal approval is required. In addition, Section 10 requires that new chimneys, again subject to certain exceptions, shall be of sufficient height.

During the year 45 official notices of approval of new furnaces were issued. It is significant that of these, 30 related to oil fuel and only one to bituminous coal. In 68 other cases discussions took place with consultants on requirements for new furnace installations without completed schemes being formally submitted.

Type of fuel used in boiler plants to which prior approval granted:—

Oil	30
Gas	7
Coke	5
Bituminous coal	1
Anthracite	1
Waste paper (incinerator) ..	1

Smokeless zones and smoke control areas

In circular No. 5/59 the Ministry of Housing and Local Government requested local authorities in the “ black areas ” to decide how many years it would take to complete their programme and to prepare a phased programme for the establishment of smoke control areas over the next five years.

The City Council approved of the Health Committee’s objective to deal with the whole of the City in a period of 10 years, thereby including approximately 245,740 premises. The plan for the first five years would bring 120,130 premises within the provisions of smoke control orders commencing with 18,338 premises in the southern part of Wythenshawe.

Since the establishment of the first smokeless zone in the City centre in 1952 the following orders have been made under the Manchester Corporation Act, 1946, or the Clean Air Act, 1956:—

Designation as in the Order	Date of confirmation of the Order	Operative date of Order	Acreage	Number of premises
Manchester Corporation Act, 1946. Section 35. Smokeless Zone in the Central area of the City	6th December, 1950	1st May, 1952	104	910
City of Manchester (Extension of Smokeless Zone) Order, 1953	30th June, 1954	1st May, 1955	130	516
City of Manchester (Extension of Smokeless Zone) (No. 1) Order, 1954	26th October, 1954	1st May, 1955	53	160
City of Manchester (Extension of Smokeless Zone) (No. 2) Order, 1954	26th October, 1954	1st May, 1955	125	690
City of Manchester (Extension of Smokeless Zone) (Ridgway Street, Ancoats) Order, 1954	28th January, 1955	1st August, 1955	19·3	443
City of Manchester (Extension of Smokeless Zone) (Mitchell Street, New Cross) Order, 1954	28th January, 1955	1st August, 1955	3·3	80
City of Manchester (Extension of Smokeless Zone) (Palmerston Street, New Cross) Order, 1954	28th January, 1955	1st August, 1955	5·33	93

Designation as in the Order	Date of confirmation of the Order	Operative date of Order	Acreage	Number of premises
City of Manchester (Extension of Smokeless Zone) (Chapel Street, Ardwick) Order, 1954	28th January, 1955	1st August, 1955	3.6	81
City of Manchester (Extension of Smokeless Zone) (Tipping Street, Ardwick) Order, 1954	28th January, 1955	1st August, 1955	1.5	36
City of Manchester (Bordley Walk, Baguley) Smokeless Zone Order, 1956	17th September, 1956	1st April, 1957	2.78	59
City of Manchester (Royle Green, Northenden) Smokeless Zone Order, 1956	17th September, 1956	1st April, 1957	10.63	193
City of Manchester (Miles Platting) Smokeless Zone Order, 1957	27th September, 1957	1st April, 1958	26.5	686
City of Manchester (Ancoats) Smokeless Zone Order, 1957	27th September, 1957	1st July, 1958	29.7	615
City of Manchester (Harpurhey) Smokeless Zone Order, 1957	27th September, 1957	1st November, 1958	8	202
City of Manchester (St. George's, Hulme) Smoke Control Order, 1958, under the Clean Air Act, 1956	29th April, 1958	1st November, 1958	43	757

Concerning the proposed smoke control order for the southern part of Wythenshawe, approximately 3,390 acres in extent, the Ministry approved in principle the Corporation's proposals and the final report on details of estimated costs of adaptations and replacements to comply with an order is to be submitted. In determining the practicability of the conversion of some types of back-to-back and combination grates in lieu of their replacement, experiments have been undertaken at municipal houses by the Housing Department in collaboration with the North Western Gas Board Laboratory. These have proved satisfactory and will result in very substantial savings in costs.

For the purpose of implementing the City Council's programme the staff of technical assistants has been increased from 4 to 10 with the full complement available in the latter part of the year.

The survey of the areas is following the policy of commencing in Wythenshawe and continuing in a northerly direction into the districts of Chorlton-cum-Hardy and Didsbury. It will also include areas as they are redeveloped in the course of slum clearance.

In July the decision of the Minister of Housing and Local Government was announced concerning the application of the owners of a large works on the Partington Industrial Estate, south-west of the City boundary, to extend their boiler plant. The Corporation, with municipal housing and other estates in the vicinity, associated with neighbouring local authorities, the Cheshire and Lancashire County planning authorities and the Manchester Regional Hospital Board, had objected to the proposed development on account of an estimated emission of 36 tons of oxides of sulphur to the atmosphere each day. The Minister decided that permission should be granted but that the height of the chimney should be not less than 375 feet. A chimney of that height has since been built.

Recording of atmospheric pollution

Systematic observations of atmospheric pollution are made by many local authorities, including Manchester. The collation and publication of these observations is undertaken by the Department of Scientific and Industrial Research through the Fuel Research Station.

The types of pollution arising from the burning of carbonaceous fuels may be divided roughly as follows :—

1. Ash, consisting of fine particles of mineral matter, and grit, mostly in the form of partly burned fuel. The large particles of this type of pollution fall rapidly from their source of emission. This pollution arises mainly from industrial furnaces, and is usually measured by means of a deposit gauge.

2. Smoke, consisting of fine particles of carbonaceous matter produced through the incomplete combustion of coal and oil. The fine particles may remain in suspension and travel considerable distances whilst the agglomerations termed soot fall relatively near their point of emission. The daily smoke filter is suitable for measuring this pollution.

3. Sulphur dioxide: this gas is necessarily produced whenever substances containing sulphur are burned. It is measured either by means of the volumetric sulphur dioxide apparatus or the lead peroxide instrument.

The British standard deposit gauge collects rainwater and solids which fall on its collecting surface, and are drained into a collecting bottle and removed monthly for analysis.

The measurement of smoke is made by drawing air through a filter paper and assessing the weight of smoke from the blackness of the stain. This instrument is often combined with the volumetric sulphur dioxide apparatus by passing the air which has passed through the filter paper through a dreschsel bottle containing hydrogen peroxide solution.

The lead peroxide instrument is based on the facility with which gaseous sulphur dioxide combines with lead peroxide, and has the advantage that it does not require such frequent attention as the volumetric sulphur dioxide apparatus. The quantity of lead sulphate formed during a month's exposure is determined by chemical analysis and is reported as milligrams of SO_3 per day per 100 square centimetres of lead peroxide surface.

Seven deposit gauges are maintained by the Corporation within the municipal boundaries, and for the purpose of comparison one deposit gauge at Knowle House, Handforth, within the area of the Wilmslow Urban District Council.

The following table indicates the amount of pollution measured by the deposit gauges compared with the average for the five previous years. The purpose of comparison with a five-year average is to make some degree of allowance for any variations in the amount of deposited matter collected, which may be due not only to greater or lesser emission of pollution, but to meteorological factors such as rainfall, wind speed and direction. It will be seen that every gauge measured less pollution than in the five years previously. It is also noteworthy that during 1959 the average monthly pollution measured in the districts of Monsall and Philips Park is the lowest for more than 20 years. Sulphur pollution necessarily arises from the combustion of sulphur-containing fuels, and therefore the amount of such pollution may give some indication of the weight of fuel being consumed. There was a slight diminution of measured pollution at Rusholme, but no change in that measured at the Monsall and Withington stations.

1959

Deposited atmospheric pollution

(Tons per square mile)

Monthly averages together with the averages for the previous five years

Station	Rainfall (inches)		Insoluble matter		Soluble matter		Total solids	
	1959	Five yearly average	1959	Five yearly average	1959	Five yearly average	1959	Five yearly average
Baguley	1.9	2.5	2.88	4.25	3.17	4.99	6.06	9.25
Booth Hall	2.4	2.9	7.51	8.49	6.69	6.89	14.20	15.39
Heaton Park ..	2.6	3.1	6.16	6.02	5.31	5.75	11.47	11.78
Monsall	2.0	2.6	8.60	9.83	6.82	7.72	15.42	17.55
Philips Park	2.2	2.8	14.38	20.35	8.61	9.53	22.99	30.06
Rusholme	2.2	2.7	11.90	11.89	7.03	7.83	18.93	19.72
Withington	1.9	2.4	6.17	8.82	4.97	5.92	11.14	14.74
Average for all gauges.. .. .	2.1	2.7	8.23	9.95	6.09	6.97	14.32	16.92

Station at Knowle House, Handforth

Station	Rainfall (inches)		Insoluble matter		Soluble matter		Total solids	
	1959	Five yearly average	1959	Five yearly average	1959	Five yearly average	1959	Five yearly average
Knowle House ..	2.0	2.4	3.20	3.38	3.85	4.29	7.05	7.67

Sulphur pollution

(Measurement by the lead peroxide method)

Weight in milligrams SO_2 per 100 square centimetres exposed surface per day

Monsall		Rusholme		Withington	
1959	Five yearly average	1959	Five yearly average	1959	Five yearly average
3.7	3.7	2.1	2.2	1.5	1.5

For some years a volumetric sulphur dioxide apparatus and smoke filter has been installed at the Public Analyst's Laboratory at Hathersage Road (late High Street), Chorlton-on-Medlock. This is mainly a residential area, and as can be expected, pollution emitted from local sources tends to decrease during the summer. In spite of lower smoke pollution during the summer compared with the previous year, the average daily pollution shows no reduction, due to the high degree of pollution which occurred during the considerable period of foggy weather in January. During the London smog of December, 1952, the maximum smoke concentration recorded was 446 mg. per 100 cubic metres; the maximum recorded at Rusholme was 358 mg. per 100 cubic metres on 30th January.

From January 5th two additional gauges came into operation. One—a combined volumetric sulphur dioxide apparatus and smoke filter, is in an office of the Department at the Town Hall, and the other—a smoke filter—is stationed at Hollyhedge Library, Brownley Green, by the courtesy of the Libraries Committee. The following tables show the amount of pollution measured at these stations:—

Volumetric apparatus for sulphur dioxide and smoke in the Central area and in Rusholme, and for smoke in Brownley Green

	Daily average sulphur dioxide (parts per 100 million)						Daily average smoke (milligrams per 100 cubic metres)						Brownley Green
	Central	Rusholme					Central	Rusholme					
	1959	1959	1958	1957	1956	1955	1959	1959	1958	1957	1956	1955	1959
January ..	37.8	30.0	17.6	11.7	18.3	14.0	86	105	43	25	35	33	62
February ..	20.8	17.2	12.2	11.8	20.6	13.3	45	56	36	26	52	23	42
March	9.6	8.7	12.2	8.7	9.7	14.7	21	30	29	27	24	31	23
April	16.1	8.8	11.3	8.7	11.6	9.9	25	27	26	17	28	19	26
May	6.7	7.1	6.3	6.9	7.0	6.6	16	19	20	21	18	13	14
June	4.3	5.3	6.7	5.4	6.5	4.8	8	12	22	16	19	9	7
July	3.5	4.3	6.1	5.5	4.9	5.5	10	14	18	16	15	12	9
August	3.7	4.3	4.4	5.7	6.2	4.4	7	11	19	16	23	13	7
September ..	7.7	6.4	5.1	7.2	6.3	6.9	19	22	25	21	22	18	18
October ..	10.3	7.7	9.5	10.0	12.1	12.5	24	25	32	33	33	28	19
November ..	17.9	11.5	22.4	15.8	16.4	23.4	41	44	76	38	37	54	36
December ..	15.3	9.2	19.8	15.5	11.7	14.1	39	35	50	39	31	30	26
Average daily figure over all the year ..	12.8	10	11	9	11	11	28	33	33	25	28	23	24

Maximum and minimum observations

	Sulphur dioxide (parts per 100 million)		Smoke (milligrams per 100 cubic metres)		
	Central	Rusholme	Central	Rusholme	Brownley Green
Maximum	115.5 (30th January)	88.3 (14th January)	290 (30th January)	358 (30th January)	158 (30th January)
Minimum	0.2 (5th and 6th July)	1.6 (27th July)	1 (14th and 26th August)	2 (24th August)	2 (25th August)

It will be noted that the measured smoke pollution in the Central area is consistently less than that at Rusholme, but is mainly higher than that measured at Brownley Green. This trend continued during May, June and July when the heating plant to a great extent is closed down in the Central area. This would appear to indicate the drift of pollution from other areas into the City, and this seems to be substantiated by the decreased sulphur pollution in the Central area during the months mentioned.

The average daily measured sulphur dioxide pollution in the Central area is higher than that measured at Rusholme. This is to be expected in view of the greater density of fuel usage and building occupation compared with Rusholme. The maximum sulphur dioxide pollution measured in the Central area was 115.5 parts per hundred million, which occurred on January 30th. The maximum measured during the London smog was 134 parts per hundred million at the County Hall, Lambeth. It is generally accepted that the threshold of perception of combined sulphur dioxide and trioxide is about one part per million, and this concentration was exceeded in the Central area on January 30th, when many comments were made regarding the smell of sulphur dioxide in the area. It is interesting to note the extent of the smoke pall over the City on January 30th, when the maximum concentrations of smoke were registered simultaneously in the Central area, Rusholme and Brownley Green, with a distance of about 8 miles between the two most distant sites.

D.S.I.R. deposit gauge
Tons of deposit per square mile
Monthly averages

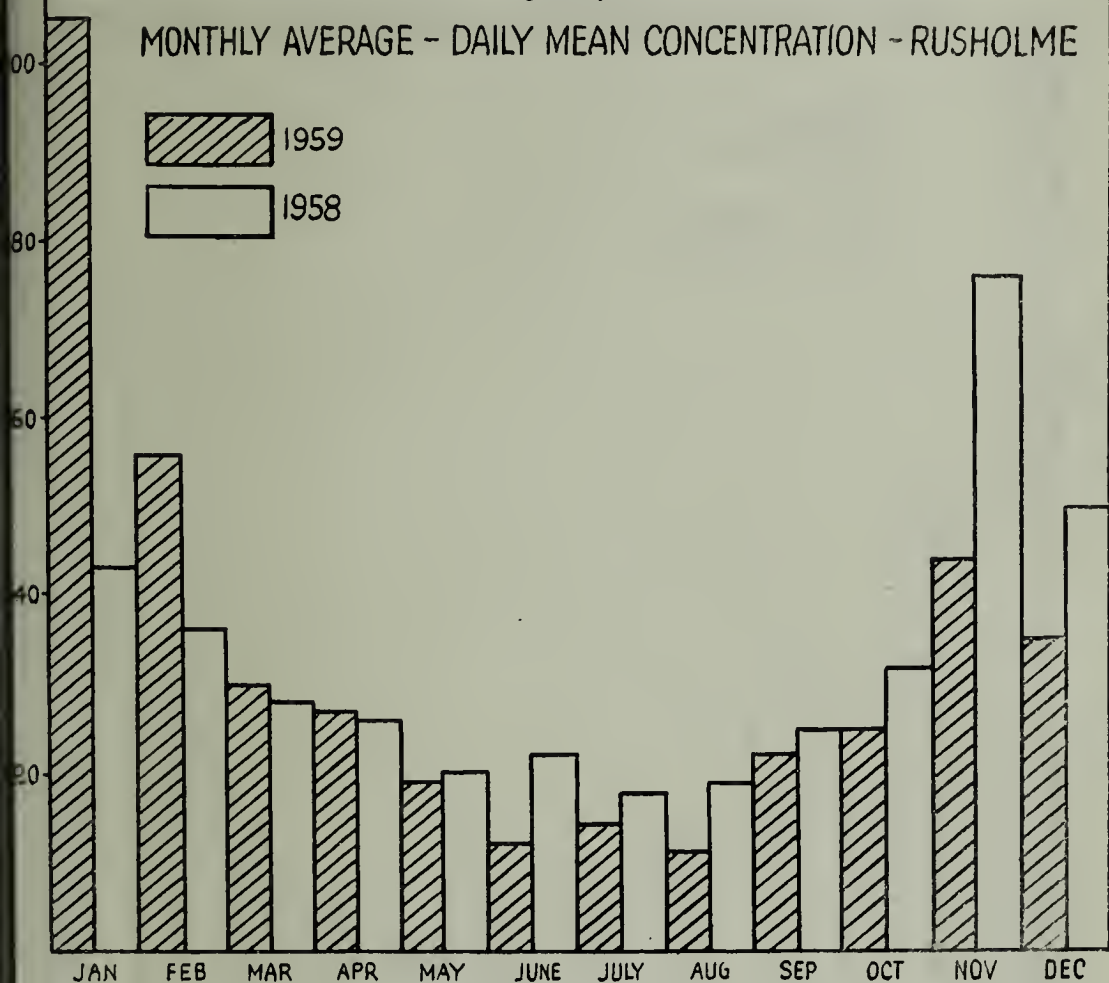
Station	Rainfall (inches)		Insoluble matter		Soluble matter		Total solids	
	1959	1958	1959	1958	1959	1958	1959	1958
Baguley	1.9	3.2	2.88	4.12	3.17	5.33	6.06	9.06
Booth Hall	2.3	3.5	7.51	8.11	6.69	7.51	14.20	15.62
Heaton Park	2.5	3.7	6.16	6.43	5.31	6.53	11.47	12.96
Monsall	2.0	3.4	8.60	9.37	6.82	8.53	15.42	17.90
Philips Park	2.2	3.6	14.38	16.13	8.61	10.75	22.99	26.88
Rusholme	2.2	3.4	11.90	11.19	7.03	7.97	18.93	19.16
Withington	1.9	3.1	6.17	7.71	4.97	6.24	11.14	13.95
Average for above gauges	2.1	3.4	8.23	9.01	6.09	7.55	14.32	16.56
*Knowle House (Handforth)	2.0	3.1	3.20	3.14	3.85	4.90	7.05	8.04

* This station is situated in Cheshire, outside the City boundary, and is about eight miles south of the City centre. Results are recorded for comparison.

Atmospheric pollution:—
Smoke,
Sulphur dioxide,

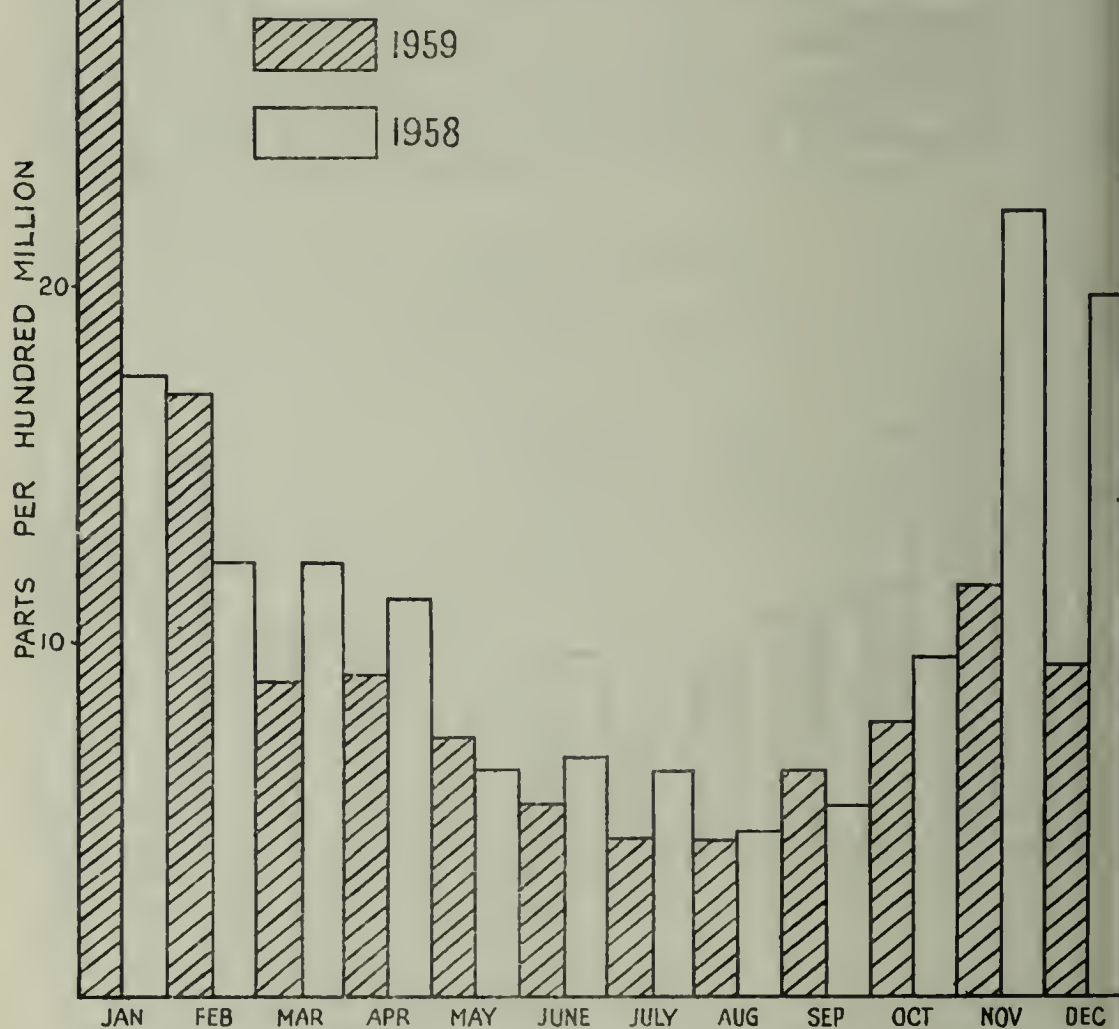
ATMOSPHERIC POLLUTION
SMOKE

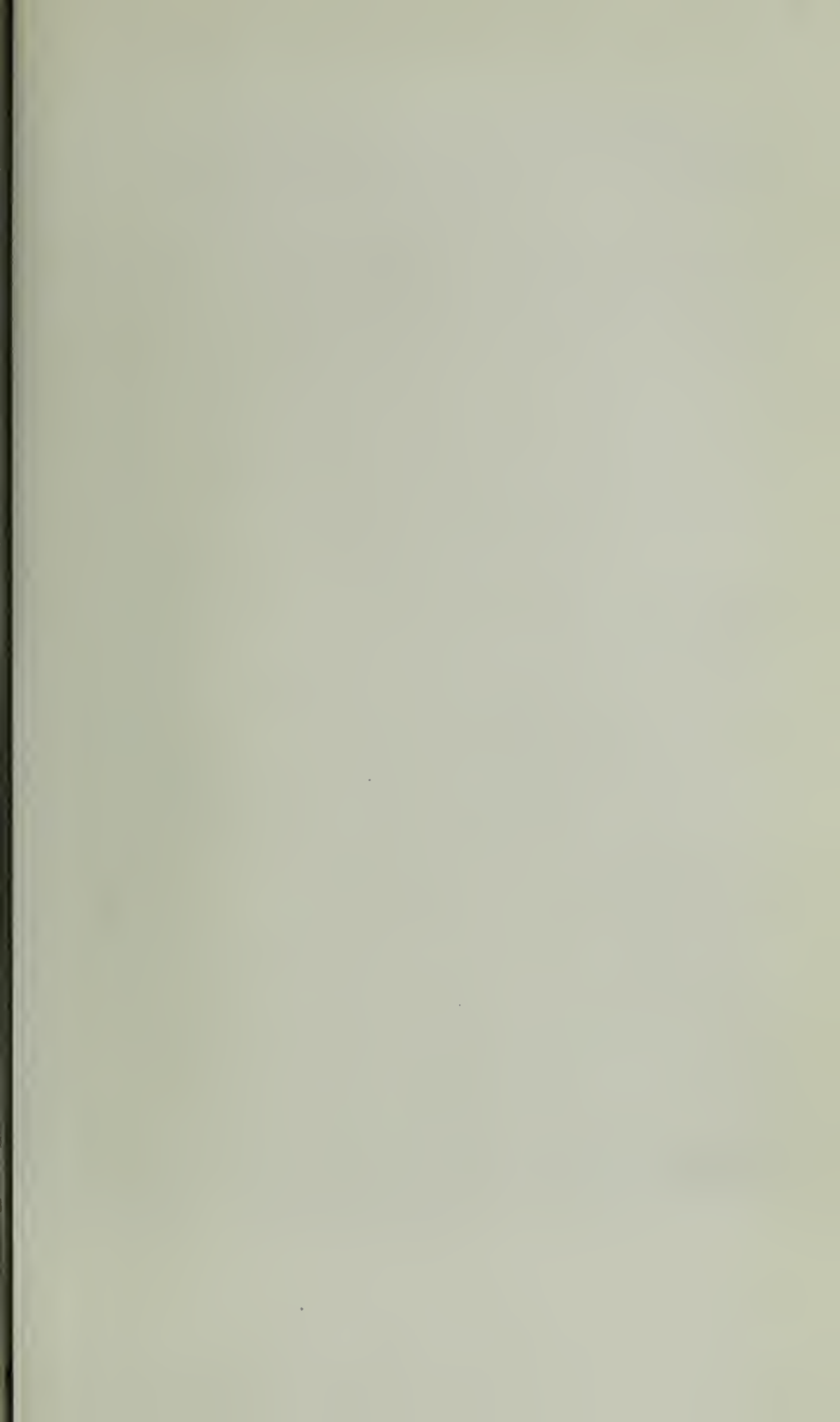
MONTHLY AVERAGE - DAILY MEAN CONCENTRATION - RUSHOLME

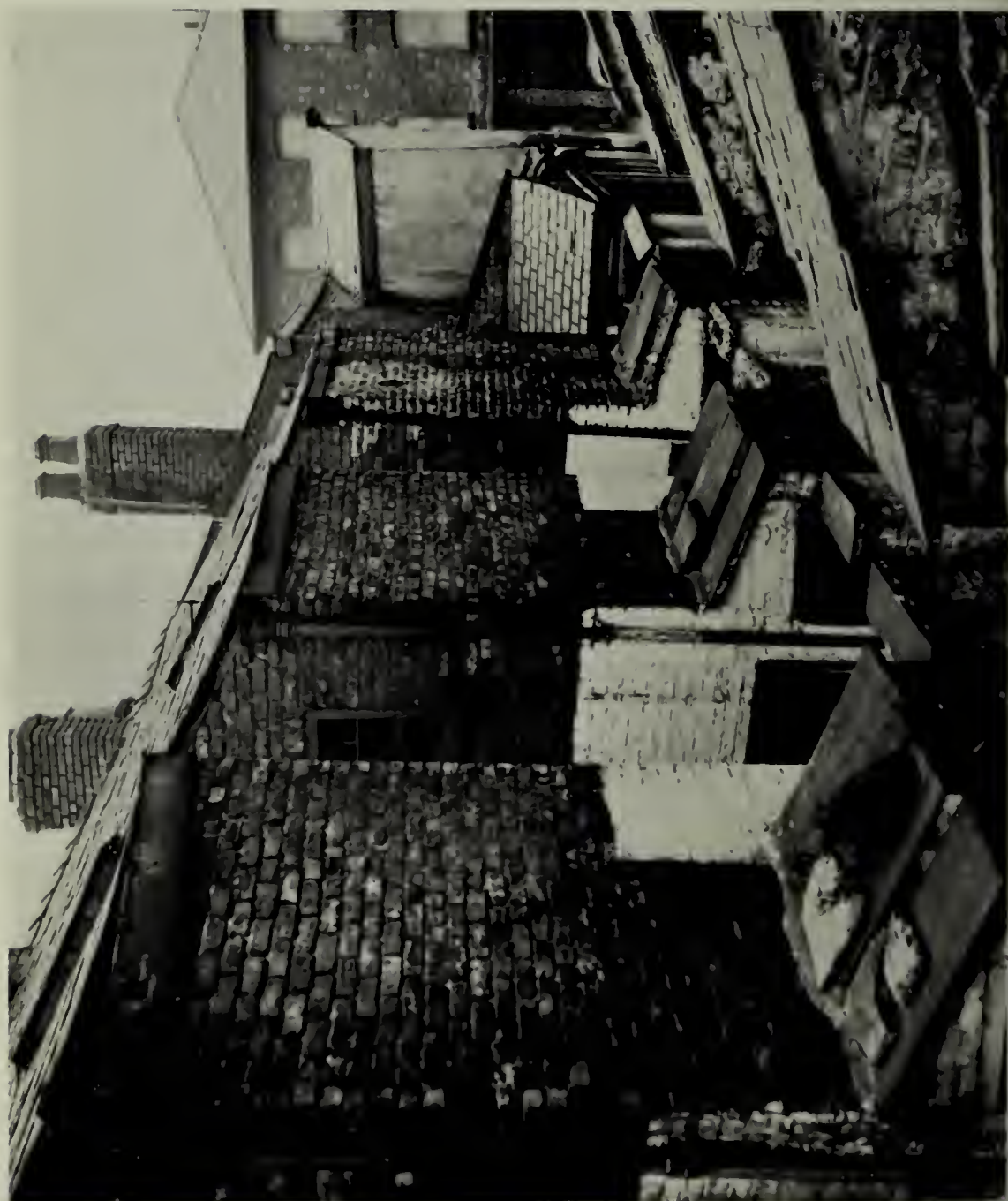


ATMOSPHERIC POLLUTION
SULPHUR DIOXIDE

MONTHLY AVERAGE-DAILY MEAN CONCENTRATION - RUSHOLME











HOUSING CONDITIONS

Clearance Areas

Miles Platting Housing Compulsory Purchase Order, 1955

The rehousing of all the remaining families in the Clearance Areas has been completed. 45 families were rehoused by the Corporation and 9 families found their own accommodation. The remaining 105 vacated houses in the Clearance Areas were demolished.

Mill Street (Ancoats) Housing Compulsory Purchase Order, 1955

The rehousing of all the remaining families in the Clearance Areas has been completed. 130 families were rehoused by the Corporation and 34 families found their own accommodation. 177 vacated houses in the Clearance Areas were demolished.

Harpurhey Housing Compulsory Purchase Order, 1955

The 14 vacant houses remaining in the Clearance Area were demolished during the year.

Bradford Road Housing Compulsory Purchase Order Number 1, 1957

The rehousing of the occupants of houses in the Clearance Areas commenced in April and the demolition of vacated houses began a month later. 351 families were rehoused by the Corporation and 27 families found their own accommodation. 261 vacated houses in the Clearance Areas were demolished.

Bradford Road Housing Compulsory Purchase Order Number 2, 1957

The patching of the unfit houses acquired by the Corporation for temporary retention was completed under the supervision of the Director of Housing. 14 structurally dangerous and unfit houses were demolished and 10 families were rehoused by the Corporation. At the end of the year there were 170 dwellings in the area.

Collyhurst Street Clearance Order Number 2, 1957

Collyhurst Street Housing Compulsory Purchase Order, 1957

28 structurally dangerous and unfit houses in the Compulsory Purchase Order have been demolished and 27 displaced families rehoused by the Corporation.

Rusholme Road Clearance Orders Numbers 1, 2 and 3, 1959

Rusholme Road Housing Compulsory Purchase Order, 1959

The City Council on the 3rd December, 1958, determined to proceed to secure the clearance of the Areas by making on the 26th May, 1959, three Clearance Orders—Clearance Order Number 1 in respect of Clearance Area 1 (4 houses), Clearance Order Number 2 in respect of Clearance Area 4 (11 houses), and Clearance Order Number 3 in respect of part of Clearance Area 6 (34 houses)—requiring the owners to demolish the buildings in the areas, and a Compulsory Purchase Order in respect of the remainder of Clearance Area 6 and Clearance Areas 5 and 7 to 33 (982 houses), to enable the Corporation to purchase the land and themselves secure the demolition of the buildings thereon.

During the year 25 structurally dangerous and unfit houses were demolished. 19 families were rehoused by the Corporation and one family found their own accommodation.

Baguley, Springfield Cottages, Clearance Order, 1958.

A hearing of the Corporation's application for confirmation of this Order made on the 22nd December, 1958, was held on the 28th April, 1959. The Minister of Housing and Local Government confirmed the Order without modification on the 15th July, 1959.

The three families from the houses contained in the Order were rehoused by the Corporation.

City Road Clearance Areas Numbers 1 to 7, 1959.

These areas dealing with 1,057 unfit houses were declared to be Clearance Areas on the 1st July, 1959, and the most satisfactory method of securing the clearance and redevelopment of the Areas is under consideration.

During the year 16 structurally dangerous and unfit houses were demolished and 11 displaced families were rehoused by the Corporation.

Morton Street, Longsight, Housing Compulsory Purchase Order, 1959

The inspection and survey of part of the Longsight district was completed during the year and an official representation dated 16th February, 1959, involving 248 unfit houses occupied by 246 families comprising 765 persons, was submitted to the Health Committee and later declared to be Clearance Areas by the City Council.

On the 2nd September, 1959, the City Council determined to secure the clearance of the areas by Compulsory Purchase: an Order was made on the 29th December, 1959, and later submitted to the Minister of Housing and Local Government. It is the intention of the Corporation that the demolition of the houses in the areas should be deferred under the provisions of Section 48 of the Housing Act, 1957.

Rodney Street, Ancoats, Clearance Areas Numbers 1 to 7, 1959

The inspection and survey of part of the Ancoats district was completed during the year and an official representation dated 31st March, 1959, involving 294 unfit houses occupied by 278 families comprising 905 persons, was submitted to the Health Committee and later declared to be Clearance Areas by the City Council.

These areas form part of a larger area which contained 939 unfit houses represented as Clearance Areas on the 9th December, 1938, and included in the Oldham Road, New Cross, Clearance Orders Numbers 1 to 17, 1939, but owing to the outbreak of war the Orders were not confirmed by the Minister of Health.

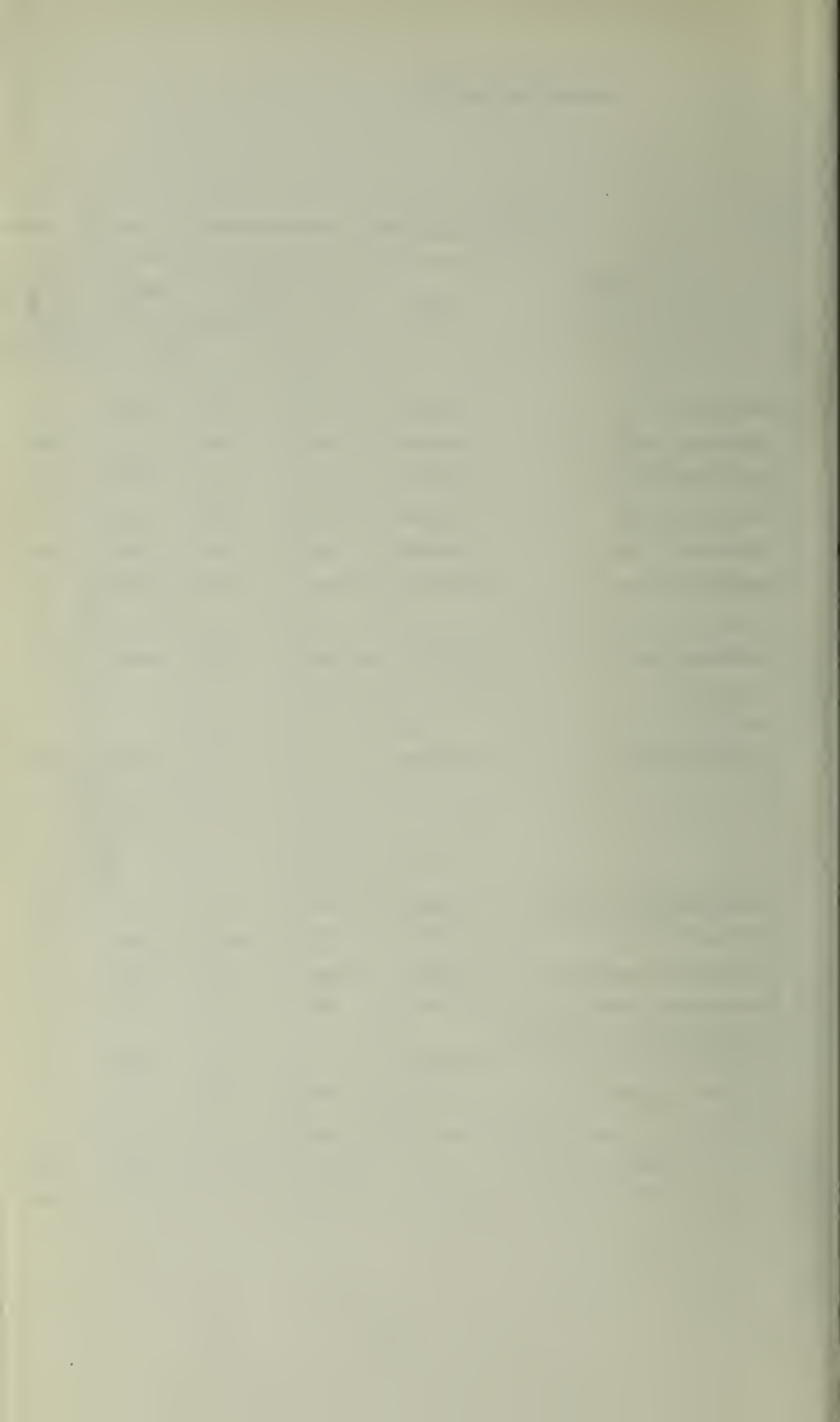
Since the date of representation 11 structurally dangerous and unfit houses have been demolished and 4 displaced families rehoused by the Corporation.

Rochdale Road/Collyhurst Road Clearance Areas Numbers 1 to 19, 1959

The inspection and survey of part of the Collyhurst district was completed during the year and an official representation dated 10th August, 1959, involving 445 houses occupied by 422 families comprising 1,274 persons, was submitted to the Health Committee and later declared to be Clearance Areas by the City Council.

Since the date of representation 5 structurally dangerous and unfit houses have been demolished and 3 displaced families rehoused by the Corporation.

CLEARANCE AREAS	OFFICIAL REPRESENTATION				HOUSES NOT INCLUDED IN THE ORDER				HOUSES IN THE AREA ON MAKING OF ORDER		ORDER CONFIRMED BY MINISTER			NUMBER OF HOUSES DEMOLISHED			NUMBER OF FAMILIES REHOUSED BY CORPORATION		
	Date	Number of houses	Number of families	Number of persons	Demolished Prior To Order			Other	Date	Number of houses	Date	Number of houses		To 31-12-1958	During 1959	Total to 31-12-1959	To 31-12-1958	During 1959	Total to 31-12-1959
					To 31-12-1958	During 1959	Total					Included	Excluded						
Ridgway Street, 1 to 14	5-10-1951	257	259	824	19	—	19	—	C.P.O., 16-3-1953.. ..	238	25-3-1954	238	—	238	—	238	231	—	231
St. George's, 1 to 24	3-7-1953	504	502	1,595	68	—	68	1	C.P.O., 27-5-1955.. ..	435	29-2-1956	427	8	427	—	427	389	—	389
Miles Platting, 1 to 14	16-2-1954	771	779	2,400	48	—	48	1	C.P.O., 2-8-1955	722	18-6-1956	722	—	617	105	722	629	45	674
Mill Street, 1 to 13	15-7-1954	570	582	1,827	9	—	9	2	C.P.O., 26-9-1955.. ..	559	23-7-1956	558	1	377	177	554	362	130	492
Harpurhey	14-4-1955	269	269	849	35	—	35	—	C.P.O., 19-12-1955	234	16-10-1956	231	3	217	14	231	226	—	226
Bradford Road, 1 to 9	12-4-1956	954	998	2,942	34	—	34	—	C.P.O. No. 1, 1-7-1957 ..	728	6-3-1958	728	—	23	261	284	23	351	374
									C.P.O. No. 2, 20-5-1957 ..	192	28-10-1957	192	—	8	14	22	13	10	23
									C.O. No. 1, 2-9-1957	3	20-6-1958	3	—	3	—	3	—	—	—
Collyhurst Street, 1 to 10	14-7-1956	594	597	1,847	18	—	18	—	C.O. No. 2, 2-9-1957	4	20-6-1953	4	—	—	—	—	—	—	—
									C.P.O., 2-9-1957	569	20-6-1958	568	1	8	28	36	6	27	33
									C.O. No. 1, 26-5-1959 ..	4	—	—	—	—	—	—	—	—	4	4
Rusholme Road, 1 to 33	2-5-1957	1,110	1,172	3,913	55	3	58	21	C.O. No. 2, 26-5-1959 ..	11	—	—	—	—	11	11	—	11	11
									C.O. No. 3, 26-5-1959 ..	34	—	—	—	—	—	—	—	—	
									C.P.O., 26-5-1959	982	—	—	—	—	11	11	—	4	4
									C.O., 22-12-1958	3	15-7-1959	3	—	—	—	—	3	3	
Baguley, Springfield Cottages ..	6-6-1958	3	3	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
City Road 1 to 7	6-11-1958	1,057	1,035	3,119	7	16	23	—	—	—	—	—	—	—	—	—	—	—	—
Morton Street, Longsight 1 and 2	16-2-1959	248	246	765	—	—	—	—	C.P.O., 29-12-1959	248	—	—	—	—	—	—	—	—	—
Rodney Street, Ancoats 1 to 7 ..	31-3-1959	294	278	905	—	11	11	—	—	—	—	—	—	—	—	—	—	—	—
Rochdale Road-Collyhurst Road, 1 to 19	10-8-1959	445	422	1,274	—	5	5	—	—	—	—	—	—	—	—	—	—	—	—
Earl Street, Longsight 1 to 3 ..	6-11-1959	406	405	1,161	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	—	7,482	7,547	23,429	293	35	328	25	—	4,966	—	3,674	13	1,918	621	2,539	1,879	585	2,464



Earl Street, Longsight, Clearance Areas Numbers 1, 2 and 3, 1959

The inspection and survey of part of the Longsight district was completed during the year and an official representation dated 6th November, 1959, involving 406 houses occupied by 405 families comprising 1,161 persons, was submitted to the Health Committee.

The progress of slum clearance in the City since the first post-war Clearance Area in 1951 is shown in the appended statement.

Pre-war clearance areas

The undermentioned Clearance Areas represented prior to the war remain in abeyance as the Orders then made by the City Council were not confirmed by the Minister:—

<i>Clearance Area</i>	<i>Number of houses</i>
Portion of Oldham Road, New Cross..	153
Portion of St. George's	66
Hutchins Street	20
Enoch Street	14
Ruth Court	1
Monday Street	8
Fog Lane	5
<hr/>	
Total number of unfit houses in these areas on the 31st December, 1959 ..	267
<hr/>	

14 structurally dangerous and unfit houses included in the above areas were demolished during the year and 14 displaced families were rehoused by the Corporation.

Individually unfit houses

Housing Act, 1936, Section 11

4 houses represented in previous years are still unoccupied and the entrances bricked up. These houses cannot as yet be demolished as such action would affect the stability of the adjoining occupied premises.

Manchester Corporation Act, 1946, Section 31

When applications are received from property owners for permission to demolish occupied houses in the City, the Corporation will not undertake to rehouse the occupant families unless the houses are found to be structurally dangerous and unfit for human habitation.

442 houses were deemed to be unfit and certified by the City Architect as structurally dangerous, necessitating the urgent rehousing of 359 families by the Housing Committee.

614 vacated houses were demolished during the year: 381 families have been rehoused by the Corporation, and 41 families found their own accommodation,

Manchester Corporation Act, 1946, Section 32

Public Health Act, 1936, Section 58

Manchester Waterworks and Improvement Act, 1867, Section 38

117 structurally dangerous, unfit houses were demolished under the provisions of the above-mentioned Acts and 70 families were rehoused by the Corporation.

Local Authority-owned houses certified unfit by the Medical Officer of Health

Eight houses owned by the Corporation were found to be unfit for human habitation; four families were rehoused by the Corporation, and two of the houses demolished.

Redevelopment projects—(Unfit houses)

Link Road 17/7

London Road Declaration of Unfitness Order, 1959

The Manchester Corporation Act, 1958, which contains powers for the acquisition of lands and the execution of works in connection with the construction of Link Road 17/7 and the culverting of part of the River Medlock, also contains powers to enable unfit houses at present on the site of these projects to be acquired on the same basis as unfit houses in slum clearance areas. The procedure to be followed involves the making of an Unfitness Order in respect of the houses which the Council consider are unfit.

The power to make Unfitness Orders in respect of unfit houses in areas to be acquired compulsorily for planning purposes was first given in the Town and Country Planning Act, 1944, and subsequently in the Town and Country Planning Act, 1947. It is these powers which have been applied by the Manchester Corporation Act, 1958, to the Link Road 17/7 scheme and to the scheme for the culverting of the River Medlock.

At the request of the City Surveyor an inspection and survey of premises on lands which the Council were authorized to acquire in connection with the culverting of the River Medlock was carried out. On the 29th May, 1959, the Medical Officer of Health certified that 26 houses were unfit for human habitation and not capable at reasonable expense of being made fit. This certificate was approved by the Health Committee on the 9th June, 1959, and it was resolved to make a Declaration of Unfitness Order in respect of the houses included in the certificate. An Order entitled the London Road Declaration of Unfitness Order, 1959, made on the 20th July, 1959, was later submitted to the Minister of Housing and Local Government. A hearing into the Corporation's application for confirmation of the Order was held on the 24th November, 1959, and the Minister's decision is awaited.

21 of the houses included in the Unfitness Order were already included in the Rusholme Road Housing Compulsory Purchase Order, 1959, and Rusholme Road Clearance Order Number 3, 1959, and the Council agreed that these houses should be withdrawn from the Clearance and Compulsory Purchase Orders leaving the question of unfitness to be determined under the Unfitness Order.

Acquisition of Houses in Advance of Redevelopment

On the 29th April, 1959, the City Council approved the recommendations made by the General and Parliamentary Committee about the purchase and demolition of houses required by the Corporation for public projects under

their Statutory duties in the different fields of local government. These projects require the demolition of certain houses in advance of normal redevelopment, and before any of these unfit houses can be dealt with in the normal way under the slum clearance programme.

Where the Corporation demolish any unfit houses within such schemes they are able to obtain Exchequer Subsidy in respect of the new dwellings provided to replace unfit houses and for this purpose it is necessary for the Medical Officer of Health to certify that the houses in question are unfit for human habitation.

At the request of the Town Clerk an inspection and survey was carried out of premises included in four Compulsory Purchase Orders made under the Education Act, 1944, authorizing the Council to acquire land for school development, and one Compulsory Purchase Order made under the Town and Country Planning Act, 1947, authorizing the Council to purchase land for University requirements: the details are as follows:—

<i>Title of Order</i>	<i>Number of unfit houses</i>	<i>Date of certification</i>
Ducie Secondary Technical School, Education Compulsory Purchase Order, 1959	8	11th June, 1959
Regional College of Art, Education Com- pulsory Purchase Order, 1959	33	11th June, 1959
Central Technical College, Education Com- pulsory Purchase Order, 1958	50	19th June, 1959
Rumford Street and Devas Street, Chorlton- upon-Medlock, Compulsory Purchase Order, 1959	39	3rd July, 1959
St. John's College of Further Education, Education Compulsory Purchase Order, 1959	25	13th August, 1959
	<hr/> 155 <hr/>	

6 of the above houses have been demolished as structurally dangerous and unfit in advance of their acquisition by the Corporation; 7 families have been rehoused by the Corporation.

Rehousing on medical grounds

The procedure whereby medical evidence submitted in support of applications for (a) Corporation houses and (b) transfers to other Corporation houses are sent to the Medical Officer of Health, has continued to function satisfactorily.

Although compared with the previous year there has been a slight decrease in the total number of cases brought to the notice of the Department, it is evident from the case files that there are several thousand families in the City suffering from illness associated with damp, dilapidated, over-crowded and seriously unfit dwellings. The continued delay in the rehousing of the large number of families on the Corporation waiting list who have been recommended priority on urgent medical grounds still persists and, unfortunately, is likely to do so for a considerable length of time unless there is a rapid increase in the provision of new houses in the immediate future.

Medical certificates and other correspondence are received daily from hospital authorities, specialists, doctors, almoners, welfare organizations and other sources giving medical and sociological reasons for rehousing; subsequently the Housing Inspectors carry out detailed inspections and ascertain the actual living conditions of the families concerned before the evidence is submitted to the Medical Officer of Health for consideration. Every case brought to the notice of the Department receives careful consideration and of the 3,309 cases dealt with 2,205 were in respect of families seeking to be rehoused by the Corporation.

1,458 applications had not been previously considered for rehousing on medical grounds and degrees of priority were recommended in 1,245 cases.

747 applications which had been previously considered were reviewed by reason of either additional medical evidence submitted or changed circumstances; 14 were recommended for immediate rehousing and additional degrees of priority were recommended in 255 cases.

Consideration is also given to a growing number of applications from Corporation tenants desiring to transfer from one house or flat to another on health grounds. This trend is influenced by many factors associated with families wishing to transfer from temporary prefabricated dwellings to brick-built dwellings, upper flats to ground-floor flats, flats to houses provided with a garden, smaller to larger accommodation or vice versa due to increase or decrease in the size of families, the desire to remove from one Corporation estate to another due to difficulty in travelling to and from work, and aged and infirm persons seeking to reside nearer relatives or members of their family.

Of 1,104 applications dealt with, 833 had not previously been considered for a transfer on medical grounds; 1 was recommended for immediate transfer and degrees of priority were recommended in 714 cases.

271 applications which had been previously considered for a transfer were reviewed; 5 were recommended for immediate transfer and additional degrees of priority were recommended in 96 cases.

The Director of Housing is informed of the Medical Officer of Health's recommendation in all cases and his attention directed to the applicant families who are found to be living in overcrowded conditions.

The Department was notified of 1,034 families provided with alternative accommodation who had been recommended for preferential consideration on health grounds.

Abatement of overcrowding

Since the overcrowding survey was carried out in 1936, which showed that 2·1 per cent. of the total number of families were overcrowded on the standard prescribed by Section 2 of the Housing Act, 1935, it has not been practicable for the Department to carry out comprehensive surveys for the purpose of keeping up to date the records of the actual number of overcrowded houses in the City.

Between 1951 and 1959 the inspection and survey of 7,482 unfit houses included in clearance areas situated in the inner ring of the City, revealed that 1·1 per cent. of these dwellings were overcrowded under the Housing Act standard.

In all cases of overcrowding brought to the notice of the Department, the Director of Housing is informed if the tenant and/or lodger families are registered for a Corporation house.

Houses let in lodgings

The Corporation Act of 1950, section 57, requires that if the "occupier" of a house let in lodgings is not resident therein the letting requires the consent of the Corporation. The Department is aware of 374 such houses but there is no doubt that the total of "farmed" houses let in lodgings in the City exceeds this number.

Since 1954, when all byelaws dealing with houses let in lodgings were repealed, the direct control of this type of dwelling is under section 36 of the Housing Act, 1957, which re-enacted section 11 of the Housing Repairs and Rents Act, 1954. In practice, action taken is mainly under the Public Health Act in respect of nuisances, as so many of these houses are in areas under consideration for slum clearance and because of the acute shortage of alternative housing accommodation.

Formal action was commenced in respect of one house let in lodgings where the occupier was not resident for letting without the consent of the Corporation and where unsatisfactory conditions existed.

Repairs

In order to enforce repairs to houses it was necessary to serve to owners a total of 10,768 preliminary and statutory notices under the Public Health and Corporation Acts. Court proceedings were instituted in 160 cases, as a result of which 89 nuisance orders were granted. 12 of these became the subject of further action in the Court on the failure of the owners to do the repairs and penalties totalling £29 were imposed. In the remaining 71 cases the necessary works were carried out by the owners before the date of the proceedings.

Default powers were applied to secure general repairs and plumbing or drainage work at 494 houses, including 139 where the owners were not known. Work was also undertaken at 109 premises at the request of owners.

The total cost of all these works carried out by contractors on behalf of the Department was £10,574 of which £10,235 was recoverable from the owners and the balance of £339, concerned with certain lengths of public sewer, was charged to the City Fund.

Other action taken included the operation of the recently available provisions of the Corporation Act of 1958, section 32, relating to the restoration of artificial lighting to houses, and section 33 dealing with the reinstatement of yard walls.

The restoration of artificial lighting involved the remedy of defective fittings, piping or wiring at 15 houses, and this was carried out by owners following informal requests from the Department. In one other case it was necessary to serve a formal notice under section 32 before the defective condition was remedied.

The reinstatement of boundary walls to yards was required at 88 houses, at five of which it was necessary to act in the default of the owners.

There was a considerable reduction in the number of applications from tenants for certificates of disrepair and from owners for cancellation of certificates under the Rent Act, 1957. 485 applications were received for disrepair certificates compared with 1,488 in the previous year. 173 certificates were cancelled in the year, compared with 205 during 1958.

Part I—Applications for Certificates of Disrepair

(1)	Number of applications for certificates	485
(2)	Number of decisions not to issue certificates	16
(3)	Number of decisions to issue certificates—	
	(a) in respect of some but not all defects	349
	(b) in respect of all defects	83
(4)	Number of undertakings given by landlords under paragraph 5 of the First Schedule	250
(5)	Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	9
(6)	Number of certificates issued	161

Part II—Applications for Cancellation of Certificates

*(7)	Applications by landlords to Local Authority for cancellation of certificates	188
(8)	Objections by tenants to cancellation of certificates	65
(9)	Decisions of Local Authority to cancel in spite of tenant's objection	54
(10)	Certificates cancelled by Local Authority	173

* The 188 applications by landlords for cancellation of certificates related to:—

160 certificates which were issued under the Rent Act, 1957.

28 certificates which were issued under the Housing Repairs and Rents Act, 1954.

Improvement Grants

Housing (Financial Provisions) Act, 1958

House Purchase and Housing Act, 1959

Housing Act, 1957

There are now two kinds of grant available for improving or modernizing structurally sound older houses:—

1. The new Standard Grant under which house owners and certain leaseholders can obtain half the cost, up to a maximum of £155, of installing five basic improvements:—

- (a) a fixed bath or shower in a bathroom (£25)
- (b) a wash-hand basin (£5)
- (c) a hot water supply (£75)
- (d) a water closet in or contiguous to the dwelling (£40)
- (e) satisfactory facilities for storing food (£10)

subject to the dwelling not being already provided with these standard amenities.

The local authority must be satisfied, however, that after the execution of the works specified the dwelling will be in such condition as not to be unfit for human habitation and that it is likely to remain in that condition and available for use as a dwelling for a period of not less than 15 years.

2. The existing Discretionary Grant under which up to half the estimated cost of more extensive improvements may be paid at the discretion of the Council, subject to a maximum grant of £400, and for the conversion of houses to flats, a maximum grant of £400 for each flat provided.

To qualify for such grant, the estimated cost of the proposed work must be at least £100 per house or flat and the local authority must be satisfied that the house or flat is suitable for the purpose and has a period of useful life in excess of 15 years.

In order to obtain a discretionary grant, it must be shown that when the proposed work has been done the dwelling will—

- (1) be in a good state of repair and substantially free from damp;
- (2) have each room properly lighted and ventilated;
- (3) have an adequate supply of wholesome water laid on in the dwelling;
- (4) be provided with efficient and adequate means of supplying hot water for domestic purposes;
- (5) have an internal or otherwise readily accessible water closet;
- (6) have a fixed bath (or shower) in a separate room;
- (7) be provided with a sink or sinks and with suitable arrangements for the disposal of waste water;
- (8) have a proper drainage system;
- (9) be provided in each room with adequate points for gas or electric lighting (where reasonably available);
- (10) be provided with adequate facilities for heating;
- (11) have adequate facilities for storing, preparing and cooking food; and
- (12) have proper facilities for storing fuel (where required).

Applications for standard and discretionary grants are dealt with by the Director of Housing, and in all cases he seeks the views of the other Departments concerned regarding the suitability of houses for improvement, prior to the applications being considered by the Housing Committee.

Applications for Standard Grants in respect of 159 houses (100 from owner/occupiers and 59 from owners) were referred to this Department during the year; 5 applications were, however, subsequently withdrawn.

58 houses were in such condition as not to be unfit with a secure life of not less than 15 years and the applications were supported.

96 houses were unfit with a limited residual life, consequently the applications could not be supported.

Applications for discretionary grants in respect of 123 houses (73 from owner/occupiers and 50 from owners) were also referred to this Department during the year; 2 applications were subsequently withdrawn. 14 were in respect of the conversion of larger-type houses into flats and 107 for the modernization of older houses.

53 of the houses were found to be suitable for improvement but adverse reports had to be given in 68 cases owing to the dwellings not being suitable for improvement by reason of unfitness, bad arrangement and limited residual life,

Common lodging houses

The provision of common lodging houses largely remains a matter for public or voluntary organizations rather than for private owners. In 1942 when the registration and inspection of common lodging houses was transferred from the Watch Committee to the Health Committee there were 32 common lodging houses in the City (28 for men and 4 for women). The number now registered has decreased to 7 (6 for men and 1 for women). One privately owned establishment with accommodation for 60 men closed during the year.

The Health Committee operate the 2 largest premises providing accommodation for 210 women (the only accommodation of this kind for women now available in the City) and 464 men, respectively. The Salvation Army with two premises can accommodate 673 men, and the Church Army 90. The two remaining privately owned premises provide accommodation for 70 and 28 men, respectively.

Applications were received for the renewal of the registration of the common lodging houses and in each case the registration was renewed for a further period of 12 months, the premises having been satisfactorily maintained.

Facilities for lodgers to attend the Department's clinic at Monsall Road for personal cleansing and disinfection of their clothing continued to be made available ; 346 lodgers received such treatments.

Movable dwellings

The application of the provisions of Section 17 of the Manchester Corporation Act, 1956, continued to be effective in dealing with instances of the unauthorized use of land by movable dwellings singly and in colonies. It was necessary to issue 37 notices in respect of caravans on 8 sites and this secured vacation of the land concerned, except in 4 instances where removal entailed Court proceedings with fines of £2 each in 2 cases and orders for the remaining two.

The type of caravan occupier against whom such action has been necessary has also been commonly engaged in rag collecting or scrap metal dealing invariably causing a nuisance on the land and often annoyance to residents of houses in the vicinity. The co-operation of the City Police has been helpful in dealing with the particular circumstances.

Concerning permanent caravan-living, a national inquiry was conducted on behalf of the Ministry of Housing and Local Government by Sir Arthur Wilson. His report was presented to Parliament by the Minister in November and dealt with the nature and extent of the problems arising from the use of caravans as homes and not as holiday caravans "by ordinary people, rather than the special problems of gypsies or vagrants."

Canal boats

The living accommodation on canal boats used for goods transport must satisfy the requirements of the Public Health Act, 1936, and the regulations made in 1878 under the Canal Boats Act.

158 boats (5 less than in 1958) are on the Department's register though not necessarily plying on canals within the City.

77 were inspected and generally found to be satisfactory; three notices had to be served on owners, however, in respect of minor defects in 2 boats and the marking of one. The notice concerning marking was complied with before the end of the year. 2 Notices served in the previous year requiring attention to painting and other defects were also complied with as were other notices dealing with certifications of 3 boats and the marking of one.

OCCUPATIONAL CONDITIONS

Factories

Factories Act, 1937—inspection of mechanical and non-mechanical factories, etc.

Premises	Number on register	Inspections	Number of written notices	Occupiers prosecuted
a) Factories in which Sections 1, 2, 3, 4 and 6 are enforced by local authorities	455	93	—	—
b) Factories not included in (i) in which Section 7 is enforced by the local authority	4588	1425	44	—
c) Other premises in which Section 7 is enforced by the local authority (excluding outworkers' premises)	145	164	—	—
Totals	5188	1682	44	—

Cases in which defects were found

Particulars	Defects				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred to H.M. Inspector	by H.M. Inspector	
Want of cleanliness (Section 1)	1	1	—	1	—
Overcrowding (Section 2)	—	—	—	—	—
Unreasonable temperature (Section 3) ..	—	—	—	—	—
Inadequate ventilation (Section 4)	1	1	—	1	—
Insufficient drainage of floors (Section 6)	—	—	—	—	—
Sanitary conveniences—					
a) Insufficient	11	†14	—	9	—
b) Unsuitable or defective	93	*96	—	65	—
c) Not separate for sexes	8	2	—	7	—
Other offences against the Act (not including offences relative to outworkers)	17	—	17	—	—
Totals	131	114	17	83	—

† Includes 5 from previous year.

* Includes 26 from previous year.

Factory outworkers

In accordance with the requirements of the Factories Act, firms employing outworkers in certain trades or occupations are required to submit a list of the names and addresses of their outworkers to the local authority in February and August of each year.

During the past year there was a reduction of 183 in the number employed by Manchester firms, mainly in the clothing trade. The prolonged spell of fine weather appeared to have an adverse effect on the plastic and other rain proof clothing trade.

305 firms in Manchester employ 1,931 outworkers, 1,316 of whom reside in the city and 615 in the districts of other local authorities to whom information was sent. Notification was received of 34 outworkers employed by firms outside the city.

1,856 inspections of outworkers' houses were made and no unsatisfactory conditions were found.

Trades	Outworkers	
	Inside city	Outside city
Wearing apparel	831	408
Tailoring	123	28
Overalls	62	30
Umbrellas	106	48
Household linen	48	44
Soft furnishings	113	56
Soft Toys	4	1
Lampshades	1	—
Cartons	28	—
	1,316	615
Total	1,931	

Shops, employment of assistants and young persons

The evening and Sunday closing of shops is dealt with by the City Police; all the remaining provisions of the Shops Act, 1950, and the Young Persons (Employment) Act, 1938, being administered by this department.

Visits made by the district inspectors found 50 instances of necessary forms not being exhibited, 26 in respect of assistant's weekly half holiday, 10 of records and notices regarding the employment of young persons and 14 as to seats for female shop assistants. Unsatisfactory ventilation was found at 3 shops, inadequate temperature at 2, unsatisfactory sanitary conveniences at 17, inadequate washing facilities at 15, and at 2 where assistants were required to take their meal intervals on the premises, proper facilities were not provided. In each case informal action was sufficient to secure prompt attention and compliance with the statutory requirements.

334 persons observing the Jewish Sabbath are registered under Section 53 of the Shops Act, 1950, exempting them from compulsory closing on Sundays; 12 applications were received during the year.

Five certificates of exemption from half day closing at Exhibitions were granted on the grounds that the retail trade carried on was subsidiary or ancillary to the main purpose of the Exhibition.

Concerning the exemption to the rule as to assistants receiving the weekly half holiday an increased number of enquiries were received in respect of the week preceding a Bank Holiday. There was a similar increase of questions concerning the permissible opening of a shop on the normal half holiday either immediately preceding or succeeding a Bank Holiday where the shop is closed during the whole of the Bank Holiday.

GENERAL SANITARY CONDITIONS

Infectious diseases

1,534 visits were made in the investigation of the following notifiable infectious diseases: acute encephalitis, acute poliomyelitis, meningococcal infection, diphtheria, dysentery, erysipelas, paratyphoid fever and scarlet fever, and one case of typhoid fever. The investigation of this latter case, a child aged two years, indicated that the infection had arisen from direct contact with a relative whilst on holiday away from Manchester. As the home address of the child was that of a public house, extensive enquiries and laboratory examination of specimens from staff were undertaken. No other case occurred.

Thirteen cases of paratyphoid fever were notified. Of these, three were symptomless excretors. The sources of the infection were not discovered.

Instances of rag collectors delivering articles to persons under 14 years of age were not found.

Rodent control

Complaints of infestation and survey of the City

The Prevention of Damage by Pests Act, 1949, requires every local authority to ensure that as far as practicable its district is kept free from rats and mice.

For that purpose rodent operators are employed under the supervision of the Rodent Executive Officer and an assistant who investigate notifications or complaints in addition to maintaining a continuous survey of the City. In the course of the obligatory survey, 107,737 premises were visited and 18,153 (14,340 dwelling-houses and 3,813 business premises) in respect of complaints.

Owners and occupiers are required to notify any substantial infestations to the local authority and are responsible for any eradictory measures required by the Act. Similarly, the local authority is responsible for the repression of rodents on land which it occupies.

3,734 complaints were received concerning premises not previously known to the Department to have been infested. This is an increase of 416 on the number of such complaints during 1958 and it is probable that the long, abnormal drought was responsible.

Rat infestations were found at 2,311 premises (1,757 dwelling-houses and 554 business premises) and mice infestation at 2,440 premises (1,853 dwelling-houses and 587 business premises).

The different types of premises concerned are shown in the following statement:—

TABLE I
Nature of premises infested

Type of premises	Number of premises				Totals
	Rat infested			Mice infested	
	Internal	External	Total		
Dwelling-houses	617	1,140	1,757	1,853	3,610
Factories, workshops, workplaces	95	38	133	131	264
Shops	60	15	75	52	127
Premises where food is prepared, sold or stored	77	40	117	187	304
Warehouses	54	5	59	40	99
Offices	7	7	14	47	61
Restaurants, licensed premises, clubs ..	23	18	41	22	63
Hospitals, welfare centres, public institutions	13	15	28	35	63
Schools	19	10	29	60	89
Churches	3	5	8	6	14
Cinemas, theatres, public halls	1	—	1	1	2
Sewage disposal works, slaughterhouses, stables	3	2	5	1	6
Parks, sports grounds	1	6	7	—	7
Airports	2	4	6	4	10
Land	—	23	23	—	23
Tips	—	7	7	—	7
Baths	1	—	1	1	2
Totals	976	1,335	2,311	2,440	4,751

Causes of infestations

Disused or defective drains or sewers continued to be a common direct cause of rat infestation. Structural defects, such as broken basement windows or sub-floor space ventilators, and short doors were often contributory causes.

In the case of mice infestation of dwelling-houses, the neglect of occupiers to secure the proper storage of food and the appropriate disposal of food scraps was often a primary cause of infestation.

TABLE II
Classification of causes of rat infestation in premises primarily visited during 1959

Cause	Rat-infestation				Total premises rat-infested	Percentage of total rat-infested	Premises mouse-infested
	Internal		External				
	Business premises	Dwelling-houses	Business premises	Dwelling-houses			
Directly due to or associated with defective or disused drains or sewers	27	88	26	226	367	15.88	—
Nature of business in premises or vicinity	90	—	56	—	146	6.32	224
Tips, refuse accumulations, market areas	1	—	7	2	10	.43	—
Neglect in protecting food and food scraps	240	526	87	901	1,754	75.89	2,214
Poultry kept	—	—	2	5	7	.30	2
Dilapidated premises, defects in structures	—	3	4	4	11	.48	—
Building operations, demolitions	1	—	13	1	15	.65	—
Vicinity of open or culverted watercourses	—	—	—	1	1	.05	—
Totals	359	617	195	1,140	2,311	100.00	2,440

Extermination service of the Department

This service is available without charge in respect of dwelling-houses, business premises being treated on request of owners or occupiers subject to the cost being recoverable on the basis of the operators' time and material used.

The methods of treatment were in accordance with the standard guidance of the Ministry, the anti-coagulant "Warfarin" being most commonly used.

3,683 premises were treated as follows:—

1,669 (45.32 per cent) for rats.

2,014 (54.68 per cent) for mice.

3,665 treatments were by poisoning by "Warfarin" (in 3 instances zinc phosphide was also used).

3 were by trapping.

15 were by a combination of poisoning and trapping.

In the course of these treatments 34,052 poison baits were laid, of which 18,187 (53.41 per cent) were taken.

Extermination by private operating companies

Treatment of infestations, mainly of business premises, were carried out by numerous private operating companies and other individuals on a contractual basis with owners and occupiers.

It is neither obligatory nor customary for such operators to notify the department where their services are being used and generally, unless encountered in the course of a survey or special investigation, the Department is not informed of their activities.

Extermination by other Corporation departments or nationalized undertakings

Other departments of the Corporation and nationalized undertakings who dealt with infestations of their particular premises reported that 315 dead rats were picked up.

Extermination of rats in Public Sewers

This work is carried out by staff of the City Surveyor's Department undertaking a baiting routine of the sewers. Particulars of the work have been supplied by the City Surveyor and are tabulated below.

TABLE III

Treatments	Number of manholes test baited	Number of manholes baited	Number of manholes showing bait taken
Balance of initial treatment—			
No. 2 maintenance	—	472	256
Test bait	2,163	—	211
No. 1 maintenance treatment	—	4,561	764
No. 2 maintenance treatment	—	3,171	304
Totals	2,163	8,204	1,535

Effectiveness of treatments

Where infestation is found and thereupon appropriate eradictory measures applied, surveillance is maintained until there is neither evidence of bait being taken nor other visible sign of infestation.

Infestations were eradicated at 5,447 premises including premises where treatments had been carried forward from the previous year.

TABLE IV
Tracing of rat burrows in relation to drainage infestation

Conditions found and action taken as a result of examinations	By City Surveyor	By owners and occupiers	By Sanitary Services Division	Totals
Number of examinations made	142	127	18	287
Minor defects in sewers repaired	75	—	—	75
Disused privy-midden drains removed	20	—	—	20
Other disused drains or sewers removed or otherwise dealt with	28	21	5	54
Defective drains remedied	—	76	10	86
Defective drains and sewers repaired by Corporation at owner's expense	4	—	5	9
Street drain inlets repaired	3	—	—	3
Outward burrows consolidated	5	5	—	10
Surface burrows consolidated	31	28	—	59
Undermining found to be due to causes other than rats	—	2	—	2
Totals	166	132	20	318

Eradication of insect pests

Cockroaches, bed-bugs and fleas were the most common household insects on which the advice of inspectors of the Department was sought by householders and occupiers of business premises. In addition, wood-boring beetles and the golden spider beetle (ptinidae) were of concern to some enquirers, more especially to those who confused the relatively harmless spider beetle with the offensive bed-bug.

Bed-bug infestation was reported in 481 (35 per cent.) of the dwelling-houses in clearance areas, compared with 34 per cent. in 1958 and 70 per cent. in 1939. Advice on the eradication of bed-bugs and the prevention of re-infestation was given to the tenants of 121 privately owned houses. Infestations at 174 houses owned by the Corporation were dealt with by the Housing Department using a D.D.T. spray. The furniture and effects of 638 families were similarly disinfested by that Department prior to removal to Corporation houses.

The procedure continued whereby timber from premises in clearance areas found to be infested is dealt with by means of D.D.T or by burning.

Domestic staff accommodation at a residential school was fumigated with the use of hydrogen cyanide gas by a private contractor.

Mosquito infestation arose in properties in the vicinity of a disused length of canal in which mosquitos were breeding. Removal of prolific weed growth by mechanical dredging and spraying the surface of the canal with benzene hexachloride was carried out by the Engineering Department of the British Transport Commission (British Waterways).

Drainage and sewerage work (defects and repairs)

Examination of drains

Section 34 of the Manchester Corporation Act, 1946, extends Section 48 of the Public Health Act, 1936, and gives the Corporation further power to examine drains, etc., believed to be defective. Examination of drains in connection with 229 premises revealed defects for which notices were subsequently served under the appropriate sections of the Public Health Act.

Percolations into cellars and subfloor cavities (73), rat burrowing (59) and subsidences in the surfaces of yards and passages (53) were the major causes of examinations. Choked or leaking drains (34) and offensive smells (10) were less frequent causes.

Stopped up drains and sewers

Section 41 of the Manchester Corporation Act, 1950, provides summary power to remedy stopped-up drains etc. and notices under this section were served in respect of 460 premises. In the majority of cases the notices referred to choked drains (426), but private sewers (20), wastepipes (10) and soilpipes (4) were also dealt with under this procedure which enables the Corporation to require that the defect shall be remedied within 48 hours. At 365 premises the defects were remedied by the owners and in the remaining 95 cases the work was attended to by the Department at the expense of the owners, either in default or at the request of the owners.

In accordance with Section 33 of the Manchester Corporation Act, 1946, which amends Section 24 of the Public Health Act, 1936, the Corporation are enabled if necessary, and without notice, to take immediate action in connection with the repair or maintenance of public sewers and such work was carried out at 613 premises. At 56 premises work in regard to the repair or maintenance of lengths of public sewer was carried out by the Department following the service of notices under Section 24 of the Public Health Act, 1936.

Sanitary accommodation

In some parts of the City pailclosets are still used, mainly at properties of limited residual life by reason of unfitness or contemplated re-development, or at properties not within reasonable distance of sewers.

153 premises in Wythenshawe have pailclosets, 129 being in districts where no sewer facilities are available. Of the remaining 24 premises, 22 are dwelling-houses, at 3 of which early conversion to waterclosets is planned; and the other properties are in development areas and have a limited residual life. During the year 7 pailclosets in the district were converted to waterclosets and 15 were demolished.

Elsewhere in the city 14 pailclosets were demolished, leaving 79 premises with this type of accommodation, comprising 58 dwelling-houses, 17 business premises and 4 at sports fields. 25 of the dwelling-houses, 16 of the business premises and 3 of the sports fields are remote from sewers: the remainder are in proposed clearance areas or have a limited residual life.

At 2 dwelling-houses waste-water closets were replaced by washdown water closets and the Health Committee made a grant to the owners of one half of the approved cost in accordance with the provisions of Section 47 of the Public Health Act, 1936.

A small number of pailclosets were installed temporarily on building sites where it was not practicable to require the provision of watercloset and urinal accommodation for the operatives.

At 55 premises alterations or additions were made to existing sanitary accommodation by the owners under the supervision of inspectors from the department.

Disposal of refuse

Most of the refuse from the city is disposed of by means of controlled tipping which takes place at sites controlled by the Cleansing Committee. The Director of Public Cleansing has reported that 196,991 tons of refuse were dealt with in this way together with 28,097 tons by separation, 5,131 tons by incineration and 7,780 tons by utilization, salvage, etc. Public health inspectors visited these tips as a routine measure but no nuisances were reported and no complaints were received.

Spraying continued at 3 privately owned tips at which the tipping of colliery spoil had previously produced fires, smoke and fumes. The conditions have improved at these sites but the risk of recurrence of nuisance remains and close supervision is being maintained.

Complaints were received with regard to a privately owned tip on which combustible material had been tipped and from which offensive smells emanated. It became necessary to serve a nuisance abatement notice on the owner, and work to deal effectively with the conditions is being undertaken by him.

Tipping at another site was reported as not being in accordance with the terms imposed before tipping commenced but the situation was subsequently remedied.

A number of complaints were received with regard to tipping or the depositing of refuse on small plots of land which were not recognised tips, but in most cases inspectors were able to trace the owners of the land and secure the removal of the refuse without the necessity for formal action.

Offensive trades

13 licences for certain offensive trades expired during the year, and as business had been carried on satisfactorily licences were renewed in 12 instances for a further period of 2 years. The remaining case was that of premises registered for the manufacture of fertilizers and poultry meal from animal matter, and for blood drying and fat extraction. Because of the particular circumstances, consent to the continued establishment of the trade at these premises was limited to a further period of 9 months.

2 offensive trades were removed from the register, one—a rag and bone dealer—who had gone out of business, and the other—a gut scraper—having removed from the City.

One application was received to use premises for rag sorting, and the application was approved by the Health Committee for a limited period subject to compliance with specified conditions.

A number of rag and bone dealers were cautioned after being found sorting rags in the street outside registered premises.

The failure of one firm to conduct its business of blood processing without causing a nuisance necessitated the institution of proceedings before the City Magistrates' Court and a Nuisance Order was granted.

No complaints were received or nuisances reported in respect of the remaining offensive trades registered in the department.

Effluvium and dust nuisances

The emission of objectionable smells or of dust causing a nuisance arose from twelve different sources, apart from two premises in which registerable offensive trades were carried on.

In two instances formal action was necessary to secure the abatement of nuisances, one related to the emission of oil fumes and ammonia vapour from a trade process, and the other to coal dust from an extensive stock pile. The prolonged dry weather magnified this latter nuisance and it was necessary to require the installation of water sprays. In each case the nuisances were abated, but the circumstances remain under particular surveillance to eliminate any risk of recurrence.

Nuisance from coal dust also arose from another storage pile but was abated without recourse to formal action. Similarly formal action was not necessary in respect of the other nuisances which in two instances arose from the burning of refuse on land and the remainder from dust emissions.

A firm causing nuisance from the discharge of cellulose spray fumes ceased operation of the process.

A nuisance affecting a wide area arose from the generation of hydrogen sulphide in waterlogged clay pits into which builders' debris had been tipped. The land was outside the City and appropriate action was taken by the local authority concerned. This included the use of chloride of lime for treatment of the foul water and pumping from the pits to the local sewerage system before the nuisance was abated.

Effluvium nuisance in the Miles Platting area from processes scheduled under the Alkali, etc. Works Regulation Act, received special attention, with the active co-operation of H.M. Alkali, etc. Works Inspector. The experience of the Corporation has been such that the City Council made representations to the Minister of Housing and Local Government expressing concern at recurring emissions identifiable with scheduled processes and the need for an increased inspectorate of the Ministry for the duties under the Alkali, etc. Works Regulation Act in the area. The Ministry has intimated that an additional inspector had been appointed at the beginning of November to assist the inspector based on Manchester.

Noise nuisance

34 complaints of noise from different trade, industrial or domestic sources were investigated.

In three instances formal action was necessary under the provisions of the Manchester Corporation Act, 1946.

The first of the formal cases dealt with nuisance arising at night from an engineering works producing steel tanks. The Company concerned ceased the particular work during the night. The second case also involved night work but concerned the handling of goods at a road haulage depot adjacent to dwellings. The Company is seeking new premises. The nuisance in the remaining case was that of motor noise from miniature racing cars on the track of a sports stadium in a residential area. These cars have not since been used at this stadium, but the circumstances remain under observation.

In all other cases, which included noise from a power-operated machine, a compressor, pneumatic drills, refrigerator and washing machine motors, formal action was not necessary following representations by the public health inspectors to the managements concerned.

The increased attention directed to the subject of noise abatement has been shown in the founding of a national society with the objective of the elimination of all excessive and unnecessary noise. The Corporation has accepted an invitation to become a member of the Society.

Land used by pleasure fairs

Following discussion with the Showmen's Guild of Great Britain the City Council agreed, as an experiment, to provide pleasure fair sites in 4 additional parks, to vary the existing agreement by the substitution of one park for another and to add one privately owned site to the list, subject to compliance with prescribed conditions.

Unsuccessful applications were made by the Guild to use sites in 3 other parks and a site in Hulme.

Fairs were reported on 12 occasions on 9 different approved sites. One fair on a privately owned site, 2 on a site owned by the Corporation and 9 in different parks or recreation grounds were held without complaint being received or nuisance reported. In 4 instances Public Health Inspectors found minor irregularities concerning the sanitary accommodation but these were all promptly remedied.

One small fair held on a privately owned site not on the agreed list was the subject of representation by the Town Clerk to the Showmen's Guild, who subsequently intimated that they had taken disciplinary action against the member.

Rag flock and other filling material

Certain types of fillings including rag flock, jute wadding or flock, woollen flock and felt, cotton flock and felt, kapok, hair and feathers, used in upholstery, bedding, toys and baby carriages, are required to satisfy the standards of the Regulations made under the Rag Flock and Other Filling Materials Act, 1951.

No rag flock is manufactured within the City, but four premises are licensed for the storage of filling material for distribution to users at their registered premises. There are 83 registered premises at which designated fillings are used in the manufacture of mattresses (15), quilts (28), upholstery (30), cushions (6), and soft toys and baby carriages (4).

Two businesses were discontinued and the premises were removed from the register.

30 samples of designated filling materials were obtained and submitted to the prescribed analyst for examination. The "trash" content of one sample of cotton flock used in upholstery was found to be in excess of the permissible amount prescribed by the Regulations. The user, who had purchased the flock without warranty, was cautioned. Legal proceedings instituted in respect of another unsatisfactory sample of cotton flock, obtained in the previous year, resulted in the user being fined £3 and £2 9s. 6d. costs were imposed.

Export of washed rags and second-hand clothing

Inspections were made of washed rags, second-hand clothing and similar articles for export to countries whose import regulations require certification of treatment of the materials or articles as a public health measure. The form of treatment varies, according to the particular materials and requirement of the importing country, but consists usually of one or more of the following:—

- (a) high pressure steam disinfection at the Monsall Disinfecting Station; or
- (b) washing and sterilizing by boiling in caustic soda solution; or
- (c) formalin disinfection; or
- (d) in respect of picker waste (treated hides) soakage for 40 days in strong lime and sodium sulphide solution.

Inspections were made and certificates issued in respect of the following:—

Articles	Quantity	Importing country
Washed rags or cotton waste	43½ tons 74 tons 4½ tons 6½ tons 12½ tons	South Africa Spain Portugal Cyprus Eire
Second-hand clothing	1,500 articles 978 articles 200 articles 2,200 articles 5,170 articles 19 articles	Kenya Eire Norway South Africa Rhodesia Czechoslovakia
Picker waste (treated hides)	5 tons	Japan

Swimming baths

The prolonged season of exceptional sunshine and warm weather increased the use of the 14 public and 7 privately owned swimming baths in the City, especially the privately owned open air pool. With the greater, occasionally abnormal, bathing loads it was especially necessary that the water treatment plants at each bath should continue to be effective in providing a quality of water to satisfy the standards of the department based on the recommendations of the Ministry of Health. The water used in the baths is taken direct from the Corporation water mains. Treatment of the water at all the baths is by continuous filtration with a turnover period of 4 hours or less, depending upon the bathing loads. Coagulants in the form of alumino-ferric or alum are added to the water to secure efficient filtration and soda ash is used to preserve the necessary alkalinity of the water at a pH value of 7.8 for efficient filtration. After filtration and aeration, sterilization is secured by the use of chlorine. All baths were visited at different times during use and the pH value, free residual chlorine and bacteriological content of samples of the water were found to be consistently satisfactory.

Establishments for massage or special treatment

Part IX of the Manchester Corporation Act, 1924, and byelaws made thereunder, deal with the licensing and conduct of establishments for massage or special treatment other than those provided through the National Health Service.

There are 86 licensed establishments, 6 less than in the previous year and the treatment is mainly that of chiropody or massage.

In exercising these licensing provisions, regard is had to the nature and extent of the experience or the qualifications possessed by applicants and the qualifications prescribed in the National Health Service (Medical Auxiliaries) Regulations, 1954, continue to be an authoritative criterion.

Two applicants for licences to practise massage were refused on the grounds of insufficient qualifications.

Hairdressers and barbers

Section 42 of the Manchester Corporation Act, 1946, requires that hairdressers or barbers and their premises shall be registered with the Corporation. 743 hairdressers are registered with the department. In 1958 there were 724.

During the year 46 hairdressers are known to have discontinued business and 65 new registrations were made. A large proportion were ladies' hairdressers using rooms in private dwelling-houses, the necessary consent under Town Planning provisions having been obtained before the businesses were commenced.

The cleanliness of premises, equipment and persons employed is subject to byelaws made under the Act and no contravention was reported.

Sale of certain poisons

In accordance with the Pharmacy and Poisons Act, 1933, poisons scheduled in Part II of the Poisons List may be retailed by listed persons licensed by the Department; 992 were listed at the end of the year, as compared with 1,010 in 1958. They are mainly grocers and hardware dealers and the greater part of the poisons are those contained in proprietary disinfectants for domestic use.

£261 8s. 6d. was received in fees by the Department.

No contravention of requirements as to the labelling, packaging or storage of poisons nor the recording of certain sales has been reported.

Burial grounds

In accordance with Section 44 of the Manchester Corporation Act 1958, the Corporation have given notice of their intention to remove the tombstones from Ardwick Cemetery. It is intended that the site shall be used as an open space and playing fields.

Dispatch of a body overseas

To meet the requirements of the Israeli Government before dispatch of a body to Israel, it was necessary to certify the cause of death, the absence of infectious disease and that the body had been embalmed and enclosed in a metallic lined and hermetically sealed casket.

Exhumations

Five exhumations were attended by public health inspectors during the year. In three instances re-interment took place in other graves in the same burial ground and the others involved the transfer of human remains from two graves in different burial grounds in Manchester and their subsequent re-burial in the vacant grave spaces created.

In each instance the inspectors reported that prescribed precautions directed to ensuring attention to due care and decency and no prejudice to public health, were carried out.

Public conveniences

New conveniences for men and women were opened during the year in Higher Blackley, Victoria Avenue, and in Rusholme at the junction of Moss Lane East and Wilmslow Road. In addition the men's conveniences in Great Bridgewater Street, City and Queen's Road, Miles Platting were modernized and reconstruction of the conveniences for men and women in Rochdale Road, Blackley, is proceeding.

The site of the new convenience in Moss Lane East is on the perimeter of Whitworth Park, and the convenience has been built at the joint expense of the Health and Parks Committees. It serves both the park and the general public, replacing obsolete worn-out conveniences formerly within the park, with greatly improved facilities and economy in operating costs.

The Market Place convenience, first opened in 1894, was closed in September to make way for the major re-development scheme in this area. Until the underground car park, which is part of this scheme, is completed it is not practicable to replace this convenience which was well used. A site has been reserved in the vicinity, and building should commence in 1961.

The Ministry of Housing and Local Government has approved in principle the Corporation's application for borrowing powers for the money required to reconstruct and modernize the conveniences in Piccadilly and it is hoped to commence work on this scheme in August, 1960.

The Health Committee's programme for the provision of new conveniences in districts where there are no facilities is approaching completion but there is still considerable work to be done in modernizing and improving the older conveniences in the City.

Although in the design of new or reconstructed conveniences particular attention is directed to minimizing damage in use, vandalism still gives considerable concern to the Department and 25 per cent of the maintenance costs in the year ending 31st March, 1959 was attributable to this cause. In 1958 the proportion was 17 per cent. The extent of the damage has frequently necessitated the temporary closure of conveniences pending the carrying out of repairs. Two persons were prosecuted and fined for causing damage to conveniences and one person sent to prison for attempting to steal fittings.

Following the Health Committee's decision in June, the waterclosets in the ladies' convenience in Cannon Street were made available without charge as an experiment for a period of six months and this has since been extended for a further six months.

There are now 169 conveniences with accommodation as follows:—

Males—

With urinal, watercloset, washing and parcel storage accommodation	4
With urinal, watercloset and washing accommodation	5
With urinal and watercloset accommodation	51
With urinal accommodation	56
	<hr/> 116

Females—

With watercloset, washing and parcel storage accommodation	4
With watercloset and washing accommodation	4
With watercloset accommodation	45
	<hr/> 53

TOTAL 169

A free water-closet is available at all public conveniences.

At all conveniences with attendants on duty there are free facilities for hand washing with hot and cold water, liquid soap and paper towels. At most of the suburban conveniences there are also free facilities for hand washing but the extent of the provision of this service is limited by the degree of misuse.

Section 4

Public Analyst

ADULTERATION OF MILK

FOOD AND DRUGS ADULTERATION

MEASUREMENT OF ATMOSPHERIC POLLUTION



REPORT OF THE PUBLIC ANALYST

A. N. Leather, B.Sc., F.R.I.C.

As the total body of legislation (comprising statutes and regulations) concerned with the control of the composition of food continues to increase, it becomes clear that legal requirements sometimes outstrip analytical capabilities, at any rate temporarily. The law does not wait for the full development of the technical skill necessary to enforce its requirements. It is obvious that if the law ceased to have any regard for the possibility or otherwise of analytical assessment, then enforcement would become impossible, and the law itself would fall into disrepute. Up to now it may be said that when legal requirements have advanced beyond analytical procedures, new methods of analysis have been devised and the gap has been closed. In fact analysts have been put on their mettle and the stimulus has been beneficial. Examples of new fields whose exploration has led to much research into new analytical methods are:—

The identification of permitted dyestuffs and the detection of prohibited dyestuffs.

The identification and estimation of anti-oxidants.

The estimation of added nutrients in flour.

The devising of new procedures, and the practical trial of published methods not previously adapted to the required purpose, together form a special kind of analytical research now quite indispensable in a public analyst's laboratory. Few will deny that, while valuable progress has been made, much remains to be done in the three fields mentioned above, and this laboratory, with many others, continues to devise, improve and submit to practical trial various analytical processes for use in enforcing the requirements of the law.

During the year, new Regulations as to the composition of food, made under powers conferred by the Food and Drugs Act, while not making any great changes in the pattern of control, again extended the analytical work required in their enforcement.

The Condensed Milk Regulations introduce, in addition to full cream condensed milk and skimmed condensed milk, a new variety, namely "half-cream condensed milk".

As mentioned later in this report, the Food Standards (Ice Cream) Regulations, together with an Amendment to the Labelling of Food Order, provide a means whereby a purchaser can be made aware whether the fat contained in the ice-cream he is buying consists of butter or of other fat.

The making of the Arsenic in Food Regulations recalls events of historical importance in the field of food legislation. In 1900 an illness, recognized as a type of peripheral neuritis, affected thousands of people in Lancashire and Staffordshire and 3,000 cases were reported in Manchester and Salford. For some time the cause was unknown, then a similarity was observed to a form of arsenical poisoning. Once this clue was followed up, the cause of the epidemic was quickly established. Chemical analysis showed that the cause was the presence of arsenic in beer, the product of a single large brewery. One of the raw materials used, in addition to malt, had been "glucose" obtained by treating starch with sulphuric acid, and the brewery's supplier had used crude sulphuric acid, heavily contaminated with arsenic, in manufacturing the "glucose". The whole question of the contamination of food and drink with arsenic was investigated by the Royal Commission on Arsenical Poisoning, whose Report, published in 1902, has been regarded all over the world as a basis upon which standards could be based. The whole incident served also

as a warning that it would be necessary in the industrial age to consider whether raw materials used in the manufacture of food and drink were liable to contamination with injurious chemicals. The Royal Commission recommended that the permissible limits for arsenic should be taken as one-hundredth of a grain of white arsenic (arsenious oxide) per pound of a food, or the same quantity of arsenic per gallon of a drink. Since that time food or drink containing more than the recommended limiting amounts of arsenic has been considered as unfit for human consumption, and the recommendation has been acted upon and endorsed by the courts. Yet in themselves the standards for arsenic had no legal sanction. In 1902 there existed scarcely any quantitative standards governing the composition of food, but, in the fifty-seven years following, a considerable number of food standards have been found necessary and put into effect. Now, after this long interval, by means of the Arsenic in Food Regulations 1959, legal force has been given to limits for arsenic. The Regulations, based on a Report by the Food Standards Committee, fix the limits at about the same level as those recommended by the Royal Commission but in a more modern form; one part per million of elemental arsenic in solids and one part per five or ten million in fluids (with a few exceptions where good practice will permit slight relaxations).

In the following report, some comments, mainly on analytical aspects, are made upon unsatisfactory samples and upon a few samples which though genuine may be of special interest. Information about subsequent legal and administrative action has been provided by the Medical Officer of Health and by the Sanitary Services Division of the Health Department.

The proportion of samples found to be "adulterated or otherwise giving rise to irregularity", among all samples examined in this laboratory under the Food and Drugs Act and related enactments and regulations, was 4.0 per cent.

Food and Drugs Act, 1955

Summary of samples examined

Article	Number examined				Number adulterated or otherwise giving rise to irregularity				Percentage of samples unsatisfactory
	Formal	Informal	Private	Total	Formal	Informal	Private	Total	
Milk	359	919	—	1,278	41	51	—	92	7.2
Milk (sterilized)	122	43	—	165	—	1	—	1	0.6
Milk (Channel Islands)	4	5	—	9	—	—	—	—	—
Milk (sold as hot milk)	1	—	—	1	1	—	—	1	100
Cream	9	2	—	11	—	—	—	—	—
Cream mix	—	1	—	1	—	—	—	—	—
Alcoholic liquids:—									
Spirits	17	—	—	17	—	—	—	—	—
Wines	3	5	—	8	—	—	—	—	—
Wine cocktails	2	1	—	3	—	—	—	—	—
Others	5	15	—	20	—	—	—	—	—
Rowroot	—	1	—	1	—	—	—	—	—
Onion	6	—	—	6	—	—	—	—	—
Orange and golden raising powder	—	6	—	6	—	—	—	—	—
Leys	13	—	—	13	—	—	—	—	—
Fruits	27	—	—	27	—	—	—	—	—
Orange powder	—	5	—	5	—	—	—	—	—
Smoked fish	—	2	—	2	—	—	—	—	—
And	—	8	1	9	—	2	1	3	33
And, fancy	—	3	—	3	—	—	—	—	—
And, proprietary	—	3	—	3	—	—	—	—	—
Butter	24	1	—	25	—	—	—	—	—
Butter (flour confectionery)	3	16	—	19	—	—	—	—	—
Cake and pudding mixtures	—	12	—	12	—	—	—	—	—
Condensed:—									
Chicken	—	1	—	1	—	—	—	—	—
Cream	—	18	—	18	—	—	—	—	—
Fish	—	11	—	11	—	—	—	—	—
Fruit and fruit juice	—	38	—	38	—	—	—	—	—
Meat and meat products	—	16	—	16	—	1	—	1	6
Pudding, sweet	—	11	—	11	—	—	—	—	—
Soup	—	16	—	16	—	—	—	—	—
Vegetables and vegetable products	—	38	—	38	—	—	—	—	—
Peas, prepared	17	—	—	17	—	—	—	—	—
Cheese	5	4	—	9	—	—	—	—	—
Cheese, processed	—	2	—	2	—	—	—	—	—
Cheese spread	—	8	—	8	—	—	—	—	—
Chocolate spread	—	1	—	1	—	—	—	—	—
Christmas pudding	—	3	—	3	—	1	—	1	33
Coconut	6	—	—	6	—	—	—	—	—
Coconut, sweetened	1	3	—	4	—	—	—	—	—
Coconut, desiccated	10	—	—	10	—	—	—	—	—
Coffee	20	1	—	21	—	—	—	—	—
Coffee and chicory	2	5	—	7	—	—	—	—	—
Coffee and chicory essence	—	8	—	8	—	—	—	—	—
Coffee and chicory extract, dry	—	2	—	2	—	—	—	—	—
Coffee extract, dry	—	7	—	7	—	—	—	—	—
Flouring matter	—	1	—	1	—	—	—	—	—
Cooking oil	—	2	—	2	—	—	—	—	—
Wheat flour	10	1	—	11	—	—	—	—	—
Starch	—	1	—	1	—	—	—	—	—
Starch powder	15	7	—	22	—	—	—	—	—
Instant coffee	—	1	—	1	—	—	—	—	—
Double cream	—	1	—	1	—	—	—	—	—
Dried fruits:—									
Vine fruits	45	—	—	45	3	—	—	3	7
Others	13	3	—	16	—	—	—	—	—
Dried pulses	44	2	—	46	—	—	—	—	—
Flipping	2	1	—	3	—	—	—	—	—
Whisk cakes	—	2	—	2	—	—	—	—	—
Whisk dressing	—	2	—	2	—	—	—	—	—
Whisk paste	2	2	—	4	—	—	—	—	—
Flavouring	—	3	—	3	—	—	—	—	—
Flour, plain	1	2	—	3	—	—	—	—	—
Flour, self-raising	16	2	—	18	—	—	—	—	—
Food beverage powder	—	5	—	5	—	—	—	—	—
Frozen food:—									
Beef	—	1	—	1	—	—	—	—	—
Peas	—	1	—	1	—	—	—	—	—
Fruit juice	8	1	—	9	—	—	—	—	—
Golden syrup and treacle	—	12	—	12	—	1	—	1	8
Gravy browning	—	5	—	5	—	—	—	—	—
Gravy powder and gravy salt	—	3	—	3	—	—	—	—	—
Ground almonds	5	1	—	6	—	—	—	—	—
Ground rice	7	—	—	7	—	—	—	—	—

Article	Number examined				Number adulterated or otherwise giving rise to irregularity				Percentage samples unfact
	Formal	Informal	Private	Total	Formal	Informal	Private	Total	
Honey	—	5	—	5	—	—	—	—	—
Jelly, table	—	16	—	16	—	—	—	—	—
Lard and cooking fat	24	6	—	30	—	—	—	—	—
Macaroni, spaghetti and vermicelli	7	—	—	7	—	—	—	—	—
Margarine	24	—	—	24	—	—	—	—	—
Meat products:—									
Black puddings	11	1	—	12	—	—	—	—	—
Brawn	6	—	—	6	—	—	—	—	—
Chopped ham	—	1	—	1	—	—	—	—	—
Liver sausage	1	—	—	1	—	—	—	—	—
Meat paste	1	—	—	1	—	—	—	—	—
Meat pies	—	3	—	3	—	—	—	—	—
Meat and potato pies	—	1	—	1	—	—	—	—	—
Minced meat	—	1	—	1	—	—	—	—	—
Offals (tripe, etc.)	13	—	—	13	—	—	—	—	—
Polony	6	—	—	6	—	—	—	—	—
Ported meat	2	—	—	2	—	—	—	—	—
Sausages and sausage meat	20	1	—	21	—	—	—	—	—
Milk, dried	—	4	—	4	—	—	—	—	—
Milk, evaporated	—	23	—	23	—	—	—	—	—
Milk, sweetened condensed	—	13	—	13	—	—	—	—	—
Milk shake powder	—	1	—	1	—	—	—	—	—
Mint jelly	—	1	—	1	—	—	—	—	—
Non-brewed condiment	—	5	—	5	—	—	—	—	—
Nut mix	—	1	—	1	—	—	—	—	—
Oats and oatmeal	14	—	—	14	—	—	—	—	—
Peanut butter	—	4	—	4	—	—	—	—	—
Pickles and chutney	15	20	—	35	1	1	—	2	—
Pikelet	—	1	—	1	—	1	—	1	—
Preserves	75	13	—	88	—	—	—	—	—
Rennet essence	—	1	—	1	—	—	—	—	—
Rice	25	—	—	25	—	—	—	—	—
Rusks	—	3	—	3	—	—	—	—	—
Rye crisps	—	1	—	1	—	—	—	—	—
Sago	7	1	—	8	1	—	—	1	—
Salad cream and mayonnaise	—	8	—	8	—	—	—	—	—
Salt, table	—	4	—	4	—	—	—	—	—
Sauce, other than tomato	—	15	—	15	—	—	—	—	—
Sauce, tomato	—	3	—	3	—	—	—	—	—
Semolina	12	1	—	13	—	—	—	—	—
Shrimps	—	1	—	1	—	—	—	—	—
Soft drinks	20	11	—	31	3	—	—	3	—
Soft drink powder	—	6	—	6	—	—	—	—	—
Soup, dried	—	1	—	1	—	—	—	—	—
Soup powder	—	3	—	3	—	1	—	1	—
Spices	3	31	—	34	1	1	—	2	—
Stuffing	—	5	—	5	—	—	—	—	—
Suet, shredded	14	2	—	16	—	—	—	—	—
Sugar	37	—	—	37	—	—	—	—	—
Sweets (sugar confectionery)	14	4	—	18	—	—	—	—	—
Tapioca	9	—	—	9	—	—	—	—	—
Tea	26	—	—	26	—	—	—	—	—
Vinegar, malt	22	2	—	24	—	—	—	—	—
Vinegar, wine	—	1	—	1	—	—	—	—	—
Yeast	—	2	—	2	—	—	—	—	—
Total foods*	1,232	1,530	1	2,763	51	61	1	113	—

* Not including 4 "appeal to cow" samples of milk.

Article	Number examined				Number adulterated or otherwise giving rise to irregularity				Percentage of samples unsatisfactory
	Formal	Informal	Private	Total	Formal	Informal	Private	Total	
aluminium hydroxide	—	1	—	1	—	—	—	—	—
ammoniated tincture of quinine .. .	1	1	—	2	—	—	—	—	—
aniseed syrup	—	1	—	1	—	—	—	—	—
aspirin tablets	—	3	—	3	—	—	—	—	—
ax	—	1	—	1	—	—	—	—	—
acetic acid	—	1	—	1	—	—	—	—	—
amine lotion	—	3	—	3	—	—	—	—	—
ascara tablets	1	1	—	2	—	—	—	—	—
compound glycerine of thymol .. .	—	3	—	3	—	—	—	—	—
ough mixture	—	8	—	8	—	—	—	—	—
eam of tartar	—	2	—	2	—	—	—	—	—
om salts	—	1	—	1	—	—	—	—	—
e lotion	—	1	—	1	—	—	—	—	—
e's linctus	1	6	—	7	—	1	—	1	14
uber's salt	1	1	—	2	—	—	—	—	—
lycerine	3	2	—	5	—	—	—	—	—
libut liver oil capsules	—	1	—	1	—	—	—	—	—
drogen peroxide	—	1	—	1	—	—	—	—	—
ian brandee	—	1	—	1	—	—	—	—	—
igestion powder	—	2	—	2	—	—	—	—	—
igestion tablets	—	3	—	3	—	—	—	—	—
active tablets	—	2	—	2	—	—	—	—	—
uid extract of cascara sagrada .. .	—	1	—	1	—	—	—	—	—
uid paraffin	2	4	—	6	—	—	—	—	—
lk of magnesia	—	1	—	1	—	—	—	—	—
lk of magnesia with medicinal paraffin ..	—	1	—	1	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—
amphorated	—	1	—	1	—	—	—	—	—
Castor	—	2	—	2	—	—	—	—	—
od liver	—	1	—	1	—	—	—	—	—
Eucalyptus	1	1	—	2	—	—	—	—	—
Neatsfoot	—	1	—	1	—	—	—	—	—
Olive	—	3	—	3	—	—	—	—	—
ve oil and raspberry vinegar .. .	—	1	—	1	—	—	—	—	—
rish's chemical food	—	1	—	1	—	—	—	—	—
oppermint lozenges	—	1	—	1	—	—	—	—	—
roleum jelly	—	1	—	1	—	—	—	—	—
se hip syrup	—	2	—	2	—	—	—	—	—
ine, effervescent	—	2	—	2	—	—	—	—	—
phur and yeast tablets	—	1	—	1	—	—	—	—	—
rup of figs	—	1	—	1	—	—	—	—	—
ecture of iodine	1	3	—	4	—	—	—	—	—
nic tablets	—	1	—	1	—	—	—	—	—
nic wine	—	1	—	1	—	—	—	—	—
ivel sickness tablets	—	1	—	1	—	—	—	—	—
ast tablets	—	2	—	2	—	—	—	—	—
Total drugs	11	80	—	91	—	1	—	1	1
Add total foods*	1,232	1,530	1	2,763	51	61	1	113	4·1
Total food and drugs*	1,243	1,610	1	2,854	51	62	1	114	4·0
milk (including sterilized and Channel islands)*	486	967	—	1,453	42	52	—	94	6·5

* Not including 4 "appeal to cow" samples of milk.

Composition of milk

The average values for the percentage of fat and non-fatty solids for the four quarters and for the whole year are set out in tabular form.

Quarterly average table

Quarter	All milks				Genuine milks				Adulterated milks			
	No.	Non-fatty solids %	Fat %	Total solids %	No.	Non-fatty solids %	Fat %	Total solids %	No.	Non-fatty solids %	Fat %	Total solids %
First ..	353	8.67	3.53	12.20	322	8.79	3.61	12.40	31	7.48	2.69	10.17
Second ..	370	8.70	3.39	12.09	333	8.75	3.47	12.22	37	8.32	2.65	10.97
Third ..	365	8.70	3.55	12.25	351	8.71	3.59	12.30	14	8.30	2.64	10.94
Fourth ..	356	8.79	3.70	12.49	344	8.80	3.72	12.52	12	8.59	2.86	11.45

Annual average table

Year	All milks				Genuine milks				Adulterated milks			
	No.	Non-fatty solids %	Fat %	Total solids %	No.	Non-fatty solids %	Fat %	Total solids %	No.	Non-fatty solids %	Fat %	Total solids %
1959	1,444	8.71	3.54	12.25	1,350	8.76	3.60	12.36	94	8.07	2.69	10.76

Adulteration of milk

Because the composition of milk must be considered in relation to the standards laid down by the 1939 Sale of Milk Regulations, and because those standards are "presumptive" standards, the results of any test which can independently confirm or disprove adulteration assume special importance. This is specially true of any test which indicates the presence or absence of added water in milk. The now well-established Hortvet freezing-point test continues to serve a most valuable purpose.

Whenever a sample of milk is found on analysis to contain less than 8.5 per cent. of non-fatty solids, the freezing-point test is applied. According to the result of that test, the sample is classified (as far as non-fatty solids are concerned) as naturally poor in non-fatty solids, or as adulterated by the addition of water. For practical purposes, the dividing line between the freezing-points of genuine and watered milks is taken as -0.529°C . (Hortvet).

The next table gives details of 112 samples which were considered to be free from extraneous water as a result of the freezing-point test. In that table, samples whose fat-content was found to be below 3.0 per cent. were deemed to be "adulterated" from the point of view of fat-deficiency (in accordance with the "presumption" raised by the Regulations), though not from the point of view of added water.

Samples adjudged by the freezing-point test to be free from added water

The following samples of milk showed figures for non-fatty solids below the presumptive limit of 8·5 per cent. non-fatty solids fixed by the Sale of Milk Regulations, 1939, but were adjudged genuine (apart from any deficiency in fat) on the Hortvet freezing-point test:—

Serial number	Total solids per cent.	Fat per cent.	Non-fatty solids per cent.	Freezing point °C. (Hortvet)	Acidity °Richmond
507B	11·81	3·70	8·11	—0·540	16
508B	11·29	3·25	8·04	—0·542	16
509B	11·52	3·35	8·17	—0·541	16
510B	11·22	3·15	8·07	—0·541	15
561B	11·04	2·80	8·24	—0·549	18
563B	11·82	3·85	7·97	—0·529	16
564B	11·59	3·55	8·04	—0·539	16
566B	12·54	4·40	8·14	—0·530	14
105A	11·12	2·80	8·32	—0·539	20
627B	11·17	2·80	8·37	—0·542	17
629B	11·40	3·05	8·35	—0·550	18
630B	11·32	3·00	8·32	—0·545	16
185A	11·36	3·30	8·06	—0·549	17
237A	11·12	2·75	8·37	—0·544	21
238A	11·23	2·90	8·33	—0·549	22
239A	11·18	2·70	8·48	—0·549	21
688B	11·50	3·20	8·30	—0·558	16
689B	12·25	3·85	8·40	—0·555	18
690B	11·90	3·55	8·35	—0·547	16
691B	11·00	2·75	8·25	—0·553	16
692B	11·49	3·20	8·29	—0·561	15
693B	11·38	3·15	8·23	—0·548	17
694B	10·85	2·70	8·15	—0·558	16
695B	11·21	3·10	8·11	—0·552	17
719B	11·48	3·15	8·33	—0·541	16
738B	11·67	3·45	8·22	—0·540	15
741B	11·10	2·95	8·15	—0·540	16
743B	11·44	3·10	8·34	—0·546	16
756B	12·05	3·70	8·35	—0·555	16
758B	12·17	3·75	8·42	—0·534	16
759B	10·99	2·80	8·19	—0·552	16
761B	11·02	2·80	8·22	—0·533	16
86E	11·32	3·05	8·27	—0·538	16
360A	11·22	2·80	8·42	—0·544	16
784B	11·78	3·65	8·13	—0·549	15
785B	11·84	3·65	8·19	—0·545	16
786B	11·05	2·95	8·10	—0·543	15
787B	11·23	3·15	8·08	—0·545	17
788B	11·44	3·15	8·29	—0·545	16
789B	10·85	2·85	8·00	—0·544	16
816B	11·61	3·55	8·06	—0·543	16
817B	11·28	2·95	8·33	—0·553	16
818B	11·02	2·75	8·27	—0·550	19
891B	11·66	3·55	8·11	—0·549	17
893B	11·59	3·45	8·14	—0·547	17
894B	11·01	2·65	8·36	—0·544	16
895B	10·60	2·55	8·05	—0·539	16
896B	10·46	2·40	8·06	—0·549	16
897B	11·08	2·70	8·38	—0·539	16
898B	10·73	2·70	8·03	—0·542	14
926B	11·74	3·40	8·34	—0·541	18
927B	11·02	2·90	8·12	—0·537	16
928B	11·19	2·95	8·24	—0·539	15
394A	11·58	3·35	8·23	—0·537	18
958B	10·87	2·50	8·37	—0·541	19
960B	10·60	2·40	8·20	—0·538	18
961B	10·77	2·30	8·47	—0·540	19
963B	11·06	2·70	8·36	—0·538	18
983B	11·24	2·80	8·44	—0·539	18
1016B	11·14	3·00	8·14	—0·536	18
531A	10·84	2·55	8·29	—0·544	15
532A	11·30	2·85	8·45	—0·546	16
118E	11·60	3·40	8·20	—0·544	16
578A	11·82	3·60	8·22	—0·543	18
580A	11·51	3·10	8·41	—0·545	18
581A	11·28	2·95	8·33	—0·544	19
1151B	11·68	3·20	8·48	—0·546	16
1152B	11·28	2·85	8·43	—0·537	17
1156B	11·11	2·70	8·41	—0·549	16
1157B	11·12	2·65	8·47	—0·549	17
1239B	10·84	2·65	8·19	—0·542	14
1242B	10·96	2·70	8·26	—0·543	13
1256B	11·37	3·20	8·17	—0·542	14
1257B	11·16	3·00	8·16	—0·544	14
1258B	11·44	3·30	8·14	—0·542	15
1259B	11·52	3·40	8·12	—0·545	15
654A	11·11	3·00	8·11	—0·533	15

Serial number	Total solids per cent.	Fat per cent.	Non-fatty solids per cent.	Freezing point °C. (Hortvet)	Acidity °Richmond
655A	11.73	3.70	8.03	-0.549	14
656A	11.66	3.55	8.11	-0.537	15
657A	11.62	3.75	7.87	-0.537	15
658A	10.96	3.05	7.91	-0.539	13
659A	11.16	2.90	8.26	-0.534	15
764A	11.63	3.60	8.03	-0.545	16
765A	11.63	3.65	7.98	-0.552	16
766A	10.65	2.90	7.75	-0.545	17
767A	10.98	2.70	8.28	-0.551	18
768A	10.61	2.65	7.96	-0.544	17
812A	10.07	2.25	7.82	-0.537	11
813A	10.97	3.20	7.77	-0.536	15
814A	11.07	3.25	7.82	-0.537	13
815A	10.98	3.00	7.98	-0.533	12
816A	10.90	3.20	7.70	-0.537	13
817A	11.64	3.30	8.34	-0.540	16
819A	11.55	3.15	8.40	-0.540	16
1373B	11.70	3.40	8.30	-0.540	16
1374B	11.70	3.30	8.40	-0.542	15
1382B	11.98	3.55	8.43	-0.544	15
1383B	12.30	3.90	8.40	-0.546	15
1384B	11.53	3.25	8.28	-0.538	14
1385B	11.91	3.55	8.36	-0.541	14
890A	12.20	3.90	8.30	-0.542	17
1455B	12.40	4.20	8.20	-0.542	16
1460B	11.90	3.75	8.15	-0.549	15
1461B	11.76	3.55	8.21	-0.545	15
1010A	11.90	4.10	7.80	-0.542	14
1011A	12.72	4.50	8.22	-0.540	14
1551B	11.82	3.50	8.32	-0.547	18
1552B	11.62	3.30	8.32	-0.551	18
1555B	11.42	3.35	8.07	-0.537	17
1591B	10.28	1.85	8.43	-0.541	17
1629B	11.80	3.60	8.20	-0.534	18
1189A	11.20	2.90	8.30	-0.547	19
"Appeal to cow" samples:					
215A	12.02	3.55	8.47	-0.542	16
216A	11.76	3.30	8.46	-0.544	17

It is not practicable by analysis to decide whether a sample of milk containing less than 3.0 per cent. of fat (the "presumptive" standard fixed by the Regulations) is naturally poor in fat or has been subjected to skimming (or other means of fat-abstraction). All samples containing less than 3.0 per cent. of fat are therefore reported as "adulterated". Very few samples of milk as sold to the public show deficiency in fat. Fat deficiency is more common among samples representing individual churns as received by dairies from farms, but such deficiencies may be considered unimportant if the average fat content of the corresponding whole consignment of several churns is quite satisfactory.

Proportion of milk samples naturally poor in non-fatty solids

Expressed as a percentage of all milk samples, the proportion of milk samples having less than 8.5 per cent. of non-fatty solids but recorded in the last ten years (as a result of the freezing-point test) as genuine, apart from any deficiency in fat, has been as follows:—

Year	..	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Percentage		4.6	5.7	6.0	7.3	6.5	7.9	8.5	6.5	6.1	7.8

It should be noted that these figures are not based on purely random sampling. Some of the samples were procured to investigate complaints that poor milk was being delivered in the City.

No clear-cut trend yet emerges from the yearly proportion of naturally poor milk samples. Probably causes are at work tending in opposite directions; for example, the tendency to increase the average milk-yield of cows by selective breeding, and the incentive to eliminate at any rate the poorest milk, inherent in the Milk Marketing Board's "Butterfat Testing Scheme". It is worthy of mention that the Board estimates that 94 per cent. of all milk supplies under its direction are now being tested under the "Compositional Quality Scheme" for both non-fatty solids and butterfat. Up to now no incentive payment system of any kind is in operation in respect of non-fatty solids.

Milk which is naturally poor in non-fatty solids is often found to be poor also in fat, probably as a result of similar natural causes. The average fat-content of the 112 samples in the last table above is only 3.16 per cent., as compared with 3.54 per cent. for the average fat-content of all milk samples for the same period.

Classification of milk samples reported as ‘adulterated or otherwise giving rise to irregularity’

Ninety-four samples appear in this category in the table “Summary of samples examined”. Seventy-five of these samples were found to be deficient in fat while at the same time being considered “genuine” in respect of non-fatty solids, either because the percentage of non-fatty solids was found to be 8.5 or over, or as a result of the freezing-point test. A further nineteen samples were reported as containing added water, and among these nineteen were two samples also deficient in fat (that is to say that in these two instances the milk was found to have been deficient in fat to a greater extent than could be accounted for by dilution with water).

Deficiency in fat

The great majority of fat-deficient milk samples represented individual churns forming only parts of consignments of several churns as delivered at dairies. Sixty-nine of these churns were found among thirty-four different consignments. The average fat-content of all the milk making up a consignment was found to be over 3.0 per cent. in respect of thirty-one consignments. One consignment sampled informally had an overall fat average of only 2.60 per cent.; but later, on sampling formally, all the churns from that source contained over 3.0 per cent. of fat. Two other consignments showed fat averages of 2.93 and 2.96 per cent., and when these were sampled later satisfactory averages were obtained.

Comparatively slight fat-deficiencies were noted in four instances in milk as consigned in churns to a hospital, but here again the average fat-content of the whole consignment was very satisfactory. One specimen of milk in a one-third-pint bottle, as delivered to a school, was slightly deficient in fat. Subsequent samples from the same supplier were satisfactory.

One sample of milk sold as “ice-cold milk” contained only 2.65 per cent. of fat. This sample was judged to be naturally poor in non-fatty solids and the fat-deficiency might also have been of natural origin.

[A thorough investigation was made of the hospital supply, and when subsequently tested, the contents of individual churns showed very satisfactory fat percentages. The vendor of “ice-cold milk” was advised and cautioned. Cautions were administered when deemed appropriate in regard to consignments to dairies.]

Added water

Nineteen samples were found to contain added water and, of these, fourteen came from one source. A farmer’s consignment of seven churns was sampled informally. When added water was found, corresponding formal samples were requested. In these fourteen samples the percentages of added water ranged from twelve to twenty-five. Other samples were found to contain respectively, 3.2 per cent., 2.7 per cent. and less than 1 per cent. of added water. A purchaser’s complaint led to the examination of a sample of sterilized milk containing 24 per cent. of added water.

A sample of milk sold as hot milk was found to consist of 36 per cent. of water and 64 per cent. of milk which had been itself deficient in fat to the extent of 48 per cent.

[Legal proceedings, resulting in a fine and an order to pay costs, were taken against the farmer responsible for a consignment of seven churns all containing added water. An investigation of the source of the sterilized milk yielded no explanation of the presence of added water, and further samples were normal; so no further action was deemed advisable.

The proprietor of the café where the hot milk was sold was prosecuted, and was fined and ordered to pay costs.

Total fines imposed amounted to £24, while orders as to costs totalled £2 8s.]

Samples other than milk.

Some notes on cases of adulteration or irregularity

In the paragraphs below, each sample is given the heading under which it was classified in the foregoing "Summary of Samples examined", and the heading is followed by the name of the article where necessary.

Bread. Members of the public submitted specimens of bread on three separate occasions, with complaints that they had found foreign matter in the bread.

Brown bread was submitted by a sampling officer for the investigation of such a complaint. The foreign matter wrapped in a small piece of paper, was submitted along with the bread, which comprised about two-thirds of a small brown loaf. The portion received weighed about nine ounces, and was somewhat dried. A cavity with radiating cracks was seen in the cut surface of the loaf. The foreign body was an irregular-shaped mass which, after washing with various solvents, was recognized as the front part of the head of a small rodent. In particular the typical teeth, whiskers and normal hairs were observed. A small piece of bone was found adherent to the wall of the cavity in the loaf. This was similar to a piece taken from a part of the rodent's head. A hair about half an inch long was found embedded in the wall of the cavity of the loaf. This resembled a whisker from the foreign body, and the opinion was expressed that this whisker had been in the bread when it was baked.

A similar investigation led to the examination of a "dinner-cob". Just visible in a crevice on the underside of the dinner-cob was a small object which, when separated from the bread, appeared to resemble an insect larva. It was embedded in the crumb of the bread in such a way as to support the opinion that it had been baked in the cob. The larva was identified by Dr. W. D. Hincks of the Department of Entomology, Manchester Museum, as that of a beetle, a species of *Dermestes*. Dr. Hincks added that such beetles are not specially infestants of flour, and thus that the presence of a single specimen might be attributable to chance.

A private purchaser submitted directly at the laboratory a loaf of bread for the identification of a black particle found when the loaf was cut. At the same time the request was made that any consequent action should be taken entirely by the Health Department. Particulars of time and place of sale were supplied, and the printed wrapper of the loaf was submitted. At one end the crust and one further slice of bread had been cut, but both had been placed back in position and the entire loaf was submitted. Embedded in the crumb of the

slice was a small dark mass which in size and shape was somewhat suggestive of rat excrement. On examination this was found to be not rat droppings but a stiff greasy mass rich in iron. It appeared most likely that this was a small mass of dirty lubricant derived from processing machinery.

[The first of these complaints led to a prosecution by the Corporation, the complainant being called as a witness. Another witness, a rodent officer, testified to the presence of rodent infestation in the bakery. The baker, who was also the vendor, was conditionally discharged on payment of costs. Visits of inspection were made to the other two bakeries which were reported to be in excellent condition. It was considered appropriate to administer cautions in respect of the insect larva and the spot of lubricant found.]

Canned meat products—casserole steak (informal). A specimen was submitted for the investigation of a complaint by a private purchaser that a "slug" had been found in the contents of a can, which had been almost emptied. Apart from the foreign body, the can contained when submitted only a small quantity of fat adhering to the walls and a very small brown pasty residue. The foreign body had a striking, though only superficial, resemblance to a slug, which it simulated in sliminess, colour and shape. After washing with various solvents to remove fatty and pasty substances with which it had become impregnated, the object was seen to consist of a piece of animal skin covered with hairs. It appeared likely that this piece of hairy skin was waste material that had been trimmed off the meat during preparation and had been returned in error to that portion of the meat which was prepared for canning. Two unopened cans of the same batch of the product were examined and no foreign bodies of any kind were found.

[The importer of this product, canned overseas, was notified of the incident.]

Christmas pudding (informal). A sample was submitted in the original wrapper with a label giving the name and address of the packers and the description "Plum Pudding". There was no statement of ingredients. On examination, the sample was found to have the composition of an ordinary Christmas pudding. Flour confectionery is exempted by the Labelling of Food Order from all requirements as to labelling, and thus requires no statement of ingredients. But flour confectionery is defined for the purposes of the Labelling of Food Order so as to make an exception of prepacked Christmas puddings. The effect is that, to comply with the Order, prepacked Christmas puddings must bear a statement of ingredients. Accordingly the label was reported as unsatisfactory.

[The packer at first attempted in correspondence to justify the label by making a distinction between plum pudding and Christmas pudding. He wrote that any resemblance in composition was "purely coincidental". After further correspondence he agreed in future to supply labels whose wording would include a statement of ingredients.]

Dried fruits—*vine fruits*, currants (three formal). Three unconnected samples, dated at wide intervals, were found to contain insect larvae with some webbing and excreta. The samples appeared otherwise to be of a normally clean quality, but were considered to be unsound food on account of insect infestation.

[In each instance remaining stocks were inspected, and at one shop were withdrawn from sale. At another shop there was no remaining stock. At the third shop no infestation was found in any remaining stock. Vendors were all cautioned.]

Golden syrup (informal). A sample was submitted in the packers' original lever-lid tin. Before the can was opened the rim was seen to be slightly rusty. When the can was opened, the syrup was seen to have black streaks running through it, the streaks apparently originating at the rim of the can which was itself coated with blackened syrup. A small portion of the most discoloured syrup was withdrawn and was found to contain iron to the extent of 0.2%. This figure may be taken as representing the maximum local concentration. Though the presence of this amount of iron was not regarded as harmful, the sample was considered to be spoiled food unsuitable for sale. The internal condition of the can was excellent. Tentatively it was suggested that at some time in the past the lid had been removed and replaced.

[Remaining stocks were inspected at the shop, and were found to be in excellent condition. The vendor was cautioned.]

Pickles (one formal and one informal). Two completely independent samples were recorded as having unsatisfactory labels. A formal sample of pickled onions and an informal sample of mixed pickles represented products which had both been sold in glass jars bearing labels upon which had been given a printed list of ingredients. In both cases these lists ended with the items "solution of acetic acid", "salt" and "caramel", and in both cases these items had been declared in the wrong order. As a result of analysis the correct order was determined.

[The packers of both samples were cautioned, and agreed in future to supply labels in accordance with the requirements of the Labelling of Food order.]

Pikelet (informal). A purchaser complained that a pikelet contained the remains of a large insect. The specimen consisted of a small fraction (estimated to be about one-sixth) of a circular product of the usual texture for a pikelet, and it appeared to have been buttered. Embedded in the specimen was a black irregular mass which was found to consist mainly of wheat starch, somewhat altered by cooking but not charred. The black area was found to contain particles rich in iron and some mineral oil; and the cause was very likely contamination from contact with machinery.

[The bakehouse and plant were found to be satisfactory. A suitable caution was administered.]

Sago (formal). A sample consisted of small white pellets resembling fine sago. On examination the sample was found to consist entirely of tapioca. Both sago and tapioca are starch products, and though for many purposes they are equivalent in use, they are completely different in origin.

[The shop was visited and it was stated that the incorrect description was due to an assistant's error. The proprietor was cautioned, and stocks were re-labelled.]

Soft drinks (formal). Neighbouring Food and Drug Authorities had taken samples as a result of complaints that drinks bearing misleading labels were being sold in open-air markets by a vendor making extravagant claims. In a few instances prosecutions followed and fines were inflicted. One Authority found that the place of manufacture was in Manchester, and the Manchester Authority was requested to take samples at the place of manufacture. Sampling officers found that the premises were locked. The proprietor avoided making an appointment to meet sampling officers at the premises, but agreed that a caretaker should open the door for them. On the premises were found some

bottles, filled, corked and labelled. The formalities of division were complied with, and samples of three varieties of soft drink, together with copies of the labels, were submitted. Large coloured labels bore the following words: Non-alcoholic CHERRY BRANDY flavour, Non-alcoholic RUM flavour, Non-alcoholic CREME DE MENTHE flavour, respectively. In every case the words "non-alcoholic" and "flavour" were inconspicuous in comparison with the boldly printed words shown above in capitals. Analysis showed that the brightly-coloured liquids contained, in addition to sugar, a little tartaric acid and a negligible proportion of alcohol. From reports of previous prosecutions it seemed that at any rate a material part of the alleged deception was conveyed in the words spoken at the time of sale, nevertheless the labels were considered to be calculated to mislead.

[Due notice, as required by Section 109 of the Food and Drugs Act, 1955, was given to the Minister of Agriculture, Fisheries and Food of the intention of the Corporation to institute proceedings under Section 6 of the Act. A certificate from the Minister that such notice has been given, and that the other requirements of Section 109 have been complied with, is a necessary condition for the commencement of proceedings. Power to withhold such a certificate does not appear to be explicitly conferred by the Section. Nevertheless the Ministry replied that it was not the practice to issue a certificate when a certificate had already been issued to another Authority in respect of similar proceedings involving an identical label.]

Soup powder (informal). The packet in which a soup powder was sold bore printed matter including a list of ingredients: "Wheat flour, vegetable extract, beef fat, salt, meat extract, oxtail, monosodium glutamate, hydrolysed protein, spices". On examination an undeclared ingredient was found, namely, potato starch in the proportion of about 4 per cent. Results of analysis were otherwise in general agreement with the declaration.

[The manufacturers undertook to amend the label and to submit a specimen for approval.]

Spices—white pepper (informal and formal). An informal sample was submitted in a one-ounce carton bearing the packers' label and the description "genuine ground white pepper". On microscopic examination the presence of finely ground rice was observed, and by repeated comparison with known mixtures the proportion of rice in the sample was estimated at 5 per cent.

Accordingly, a formal sample was requested. For some months the sampling officer was unable to find the same brand of pepper on sale, then similar one-ounce cartons were sampled. It was evident on examination that finely ground rice was again present, but that the proportion was much smaller than before. The proportion of rice starch in the sample was found to be 1·5 per cent. A complete analysis of the sample showed that the pepper was otherwise quite normal in composition. It might be considered that 1·5 per cent. of rice starch in pepper, if adventitiously present on a single occasion, was almost negligible. Such a possibility might be imagined as that rice might have been put through the grinding machinery to help in cleaning, and that by accident a little rice might have remained in the "empty" grinder. On the other hand, if a proportion of rice were constantly added with the intention of improving the colour or "speckle" of ground white pepper, this would be incorrect, unless the product were sold as a mixed article and the ingredient "rice" declared on the label. The recommendation was made that the packers should be notified of the presence of rice in the product, and that a further sample should be taken after an interval.

[The manufacturers were cautioned. They were also requested to withdraw residual stocks from sale, and they undertook to comply. In explanation of the presence of rice starch in pepper, they stated that it was their practice to make a mixture of pepper with rice, to be sold as a mixture under a label bearing a statement of ingredients. In the past this mixture has been ground in the mills used at other times for grinding white pepper alone. By oversight some of the mixture had remained in the grinding machinery when white pepper was to be ground alone.]

Drugs

Gee's Linctus (informal). On examination by the methods described in the British Pharmaceutical Codex, a sample was found to comply with B.P.C. standards in respect of alcohol content and weight per millilitre, but not in respect of morphine which was present in the proportion of 0.028 per cent. The limits fixed for morphine are 0.014 to 0.019 per cent. Accordingly, a corresponding formal sample was procured. The formal sample was found to comply with the B.P.C. requirements in all respects.

Notes on some samples which, though not classified as "adulterated or otherwise giving rise to irregularity", raised some points of analytical or administrative interest.

Baking powder, etc. One of the usual ingredients of commercial baking powder is acid calcium phosphate. In the past this substance has been liable to contamination with fluorine (derived from minerals used in manufacture). Five samples of baking powder on analysis gave the following results for fluorine: 6, 6, 7, 15 and 19 parts per million. A self-raising flour gave 0.7 part per million. At the time of the analysis the standards in force for these products were fixed by the 1947 Fluorine in Food Order, which limited the proportion of fluorine to 100 parts per million in baking powder and 8 parts per million in self-raising flour. The subject of fluorine in food had been further considered by the Foods Standards Committee, and this body recommended in a report published in 1957 that the maximum limits for fluorine should be considerably reduced, and proposed new figures for those limits. This recommendation has been implemented by the Minister of Agriculture, Fisheries and Food and the Minister of Health acting jointly by the making, on the 10th December, 1959, of the Fluorine in Food Regulations, 1959, coming into force on the 14th March, 1960. The new limits for the proportion of fluorine (expressed as parts per million) are 15 for baking powder and 3 for self-raising flour. The above results of analysis obtained in this laboratory tend to show that manufacturers were substantially complying with the recommendations of the Food Standards Committee's Report even before the existence of the new Regulations.

Ice cream and dairy ice cream. It has been advocated for some years that there should be a clear distinction between those products (of the general nature of ice cream) made with margarine fat and those whose fat ingredient consisted entirely of butter fat. The subject was studied by the Food Standards Committee, whose report in 1957 recommended the use of the description "dairy ice cream" for products made with butter-fat and also complying with certain quantitative standards. The Ministry put these recommendations into effect during 1959. The Food Standards (Ice-Cream) Regulations came into force on the 27th April and fixed a standard for dairy ice cream. The Labelling of Food (Amendment) Regulations came into operation on the 27th April and provided that after the 30th November any pre-packed ice cream other

than dairy ice cream must bear a label with the words "containing non-milk fat" or "containing vegetable fat". The effect is that a purchaser of ice cream now finds on the container or wrapper a clear declaration as to whether the product is manufactured from butter or from other edible fat. Ten ice cream samples examined during the year had a range of fat percentages from 9.3 to 13.3 with an average of 11.5, while three dairy ice creams had an average of 12.3 per cent. of butter fat. It is noteworthy that ice cream to suit the public taste usually contains very much more fat (in percentage by weight) than the minimum percentage of fat, namely 5 per cent., fixed by the Regulations for ice cream or dairy ice cream. It is reported that the Food Standards Committee is still studying the question of "over-run" (that is, the incorporation into ice cream of minute air-bubbles). Ice cream is customarily sold by bulk and not by weight, and excessive over-run would have the effect of considerably reducing the weight of a given bulk of this foodstuff.

Samples submitted by the Health Department

(a) Investigation of suspected food-poisoning, etc. A mineral-water said to have caused sickness had a taint resembling pine-oil disinfectant. A canned soup said by a consumer to have caused a sudden onset of vomiting was free from irritant metallic poisons. Results were considered alongside bacteriological reports from the Regional Public Health Laboratory.

(b) Special examinations of various articles. Five samples of dessert apples were examined for surface contamination with lead and arsenic (spray-residues). Results for arsenic were negative in two samples, negligible in one sample and somewhat over the limit of 1 part per million in two samples. Effective washing of the skins was recommended, but the trader returned the whole consignment to his supplier who was to arrange for the washing process. A dark-coloured particle, found by a consumer in corn flakes, was found to be a twice-cooked particle of the product. A small whitish object found in cake had many of the characteristics of polythene. Some small, hard, angular, semi-transparent particles in "milk chocolate mallows" were found to consist of white of egg hardened by drying and by heat. The presence of a taint was confirmed in sterilized milk but its cause was not determined.

(c) Fluorides in Atmospheric Deposit. Quantitative measurements were requested for the purpose of investigating a suggestion that fluorides might be among the causative agents of diseases of the lungs. It was stated that some measurements (elsewhere) had shown a considerable difference between the amount of fluorides on leaves exposed to town air and the amount found on leaves of the same species exposed in a relatively clean neighbouring area. The common butterbur was chosen for the experiment because it happened to be found growing in an undisturbed part of Philips Park (explored with the co-operation of the Parks and Cemeteries Department), and because Philips Park is in an area of heavy atmospheric pollution. The large leaf-blades, which are mainly disposed horizontally and have a diameter of about 6 to 10 inches, and the strong leaf-stalks which hold the leaf blade well above the earth, were considered to make this plant very suitable. When the leaves would probably have been fully grown and exposed for about two months, a quantity was collected. The next day a further collection of the plant was made for comparison from the banks of the River Bollin between Wilmslow and Styal (in Cheshire, some miles south of the City boundary). Soil samples were collected from both sites. The leaf-blades, free from leaf-stalks, were used for analysis. The average water-content was determined and it was shown that 100 square inches of original leaf-surface corresponded very closely on the average to 5 grammes of dried leaf.

Fluorides in leaves, expressed as fluorine (F)

		Philips Park	Styal
In dry leaves, parts per million	.. ..	18	9
In 100 sq. ins. leaves, milligrams	.. ..	0.09	0.045
In soil, parts per million	.. ..	6.4	11.7

When the next normal monthly deposits from the standard Atmospheric Deposit Gauges were examined, the opportunity was taken to make a special determination of fluorides in the deposit from Philips Park, while for comparison the deposit from Knowle House (Handforth) was chosen. The Knowle House gauge is about $1\frac{1}{2}$ miles from the point of collection of leaves near Styal. Fluorides were determined on both the soluble and insoluble deposits at both stations, and it was found that all the fluorides were in the soluble portion.

Fluorides in "deposit" water (July 1959) expressed as fluorine (F)

		Philips Park	Knowle House
Volume of deposit, litres	.. ..	5.4	4.9
Total fluoride in deposit, milligrams	..	1.14	0.28
Fluoride per 100 sq. in., milligrams	..	0.97	0.24

It is clear from the results of the comparison of the fluoride content of both the leaves and the deposit collected in Philips Park with those collected outside the City, that more fluoride is being deposited at Philips Park. That the higher fluoride shown in leaves from Philips Park is not due to a higher fluoride level in the soil, is shown by the corresponding figures for fluoride in soil (that for Styal is higher). It is also apparent from the results that the deposit gauge is a more efficient collector than leaves, but this result is only to be expected since the fluorides in the deposit were found to be water-soluble. Amounts of fluorine found on leaves in Philips Park were extremely small in comparison with amounts of fluorine found in grass near an aluminium factory at Fort William. Figures for 1,104 parts per million at a distance of $\frac{1}{2}$ mile and 122 parts per million at 2 miles were reported in "Industrial Fluorosis" (Medical Research Council Memo. No. 22. 1949).

Samples submitted by other Corporation departments

Parks and Cemeteries Department. Of seven samples submitted under the Fertilisers and Feeding Stuffs Act, four agreed in composition with statutory statements (within limits of variation laid down) while three contained some excess of an ingredient deemed to be not to the prejudice of a purchaser.

Transport Department. A bar soap was found to comply with specification.

Samples from other sources

(a) Port of Manchester Health Authority. Port health inspectors submitted for examination samples of imported foodstuffs which fell mainly into five general categories. Twenty-two samples were examined for preservatives or anti-oxidants, ten for metallic impurities and seven for added colouring-matter; while twelve samples of tea were subjected to a comprehensive examination. Five samples were examined to determine the nature of accidental contamination of foodstuffs by other materials during transit. Contaminants found included potassium ferricyanide, a powder containing a high proportion of fused borax, and a dirty adhesion partly consisting of paint. On two occasions food products passed through the port as prepacked articles with labels printed in English as if intended for direct retail sale. One of these was a mixed product which (to

comply with the Labelling of Food Order) would require a label bearing a statement of ingredients when offered for sale by retail, but did not bear such a statement when imported. Another was a sample of a sauce found to contain benzoic acid in the proportion of 170 parts per million. Such a sauce may be lawfully imported, but if offered for sale by retail, to comply with the Public Health (Preservatives, etc., in Food) Regulations, would have to carry on the label a declaration "this sauce contains preservative" in a prescribed manner. It is at present no concern of Port Health Authorities to consider the adequacy of labelling of such products for retail purposes. They are able to notify the various Food and Drugs Authorities into whose areas such goods are consigned, if the destination of the foodstuffs is known.

Twenty-two samples of drinking water, drawn from the fresh water tanks of vessels in the Port, were submitted for analysis, one sample as the result of a complaint. The marked opalescence of this water, in contrast with a sample drawn more directly from the same tank, was shown to be due to contamination by zinc (in the form of hydrated oxide and basic salts). When water stands in cement-lined tanks, the alkalinity may increase considerably, and such water may attack castings containing zinc, or galvanized pipes. The amount of zinc present was not considered to have reached an injurious level, but it was recommended that the owners should be advised to correct the fault. During the course of the summer, complaints were made about the offensive odour of the water in the Ship Canal, and a sample was submitted for investigation. The complaint was considered to be justified. The sample was reported as a polluted water, but it was not possible to allocate responsibility since the Canal receives pollution from many sources.

(b) Public bodies submitted the following samples: Because a baby showed some signs of "pink disease", a hospital submitted a cooling powder to be tested for the presence of mercury (result negative). A specimen from another hospital consisted of an unusual crystalline urinary deposit (identified).

(c) A private firm required the statutory analysis of a proposed fertilizer. Another submitted a specimen of a substance blocking the small air passages of a chilled-air plant in a beer-cellar (atmospheric dust with fungal threads). Wool merchants had been warned that bales consigned to them had been accidentally contaminated with arsenical dust during shipment, and they sought advice as to safety measures during bale-opening. A small sample of the dust was identified as white arsenic (arsenious oxide). They were advised to seek medical advice on industrial hygiene.

(d) Private persons submitted samples which appeared to them to justify complaints. A fibrous mass on the outside of a wrapped loaf consisted of shreds of coarse paper. Small cans of strained baby-food were considered to be sound when opened in the laboratory though the complainant was not satisfied with others previously opened and believed to be from the same batch. Stilbæstrol tablets were found on analysis to be of the composition and strength prescribed. As far as possible these cases were investigated with the aim of satisfying complainants.

Drinking water and other water samples

The water samples examined during the year may be classified as follows:—

Samples taken to investigate complaints	26
Routine and comparison examinations and checks on previous complaints ..	21
Examination of ships' drinking water	22
Samples other than drinking water	1
Total number of samples	<hr/> 70 <hr/>

When drinking water is submitted to this laboratory for chemical analysis, the primary consideration in formulating a report is the "potability" of the water from the point of view of the health of the consumer. This point of view is shared by the Regional Public Health (Bacteriological) Laboratory, and it is the normal practice of the two laboratories to exchange information of mutual interest.

The investigation and rechecking of complaints has been the major consideration in selecting the samples to be examined. In some instances the Waterworks Department had been notified of the nature of the complaint before the sample was taken, and that Department may already have taken steps to deal with the condition complained of. Apart from complaints, samples were taken to represent the ordinary water-supply in various districts of the City. The majority of the complaints referred to discoloured or cloudy water. Most of these complaints were associated with water from the Longdendale Valley supply, an upland surface water liable to contain natural yellow colouring matters derived from peat beds covering the moors in the gathering grounds. Among samples submitted to investigate this type of complaint, only five were considered to be justified or partly justified. Other complaints concerned odour and taste, or "insects" (water fleas). In two other instances, the water was suggested as the possible cause of illness, but the results of chemical analysis lent no support to these suggestions.

The Port Health Authority submitted 23 samples during the year, and these are dealt with under "Samples from other sources".

Measurement of atmospheric pollution

Measurements of air pollution have been made on an increased scale and results have been communicated to the Atmospheric Pollution Division of the Department of Scientific and Industrial Research.

The following standard equipment has been maintained in operation:—

- 8 deposit gauges, for the full analysis of deposited matter.
- 3 lead-peroxide cylinders, for the gravimetric determination of sulphur pollution.
- 2 sets of the volumetric apparatus for daily sulphur dioxide and smoke measurement.
- 1 volumetric apparatus for smoke only.

The consequent work in carrying out the various measurements and analyses amounted to more than 2,400 separate determinations by standardized methods.

Volumetric apparatus for sulphur dioxide and smoke

Rusholme

	Daily average sulphur dioxide— parts per 100 million					Daily average smoke— milligrams per 100 cubic metres				
	1959	1958	1957	1956	1955	1959	1958	1957	1956	1955
January	30.0	17.6	11.7	18.3	14.0	105	43	25	35	33
February	17.2	12.2	11.8	20.6	13.3	56	36	26	52	23
March	8.7	12.2	8.7	9.7	14.7	30	29	27	24	31
April	8.8	11.3	8.7	11.6	9.9	27	26	17	28	19
May	7.1	6.3	6.9	7.0	6.6	19	20	21	18	13
June	5.3	6.7	5.4	6.5	4.8	12	22	16	19	9
July	4.3	6.1	5.5	4.9	5.5	14	18	16	15	12
August	4.3	4.4	5.7	6.2	4.4	11	19	16	23	13
September	6.4	5.1	7.2	6.3	6.9	22	25	21	22	18
October	7.7	9.5	10.0	12.1	12.5	25	32	33	33	28
November	11.5	22.4	15.8	16.4	23.4	44	76	38	37	54
December	9.2	19.8	15.5	11.7	14.1	35	50	39	31	30
Average daily figure over all year	10	11	9	11	11	33	33	25	28	23

Maximum and minimum observations

Sulphur dioxide

Maximum	14th January	88.3 parts per 100 million
Minimum	27th July	1.6 parts per 100 million

Smoke

Maximum	30th January	358 milligrams per 100 cubic metres
Minimum	24th August	2 milligrams per 100 cubic metres

Volumetric apparatus for sulphur dioxide and smoke
Central

	Daily average sulphur dioxide— parts per 100 million 1959	Daily average smoke—milligrams per 100 cubic metres 1959
January	37·8	86
February	20·8	45
March	9·6	21
April	16·1	25
May	6·7	16
June	4·3	8
July	3·5	10
August	3·7	7
September	7·7	19
October	10·3	24
November	17·9	41
December	15·3	39
Average daily figure over all year	12·8	28

Maximum and minimum observations

Sulphur dioxide

Maximum	30th January	115·5 parts per 100 million
Minimum	5th and 6th July	0·2 parts per 100 million

Smoke

Maximum	30th January	290 milligrams per 100 cubic metres
Minimum	26th August } 14th August }	1 milligram per 100 cubic metres

Observations began on 5th January, 1959.

Volumetric apparatus for smoke

Brownley Green

						Daily average smoke-milligrams per 100 cubic metres 1959
January	..	..	..	..	..	62
February	..	..	..	..	..	42
March	..	..	..	..	..	23
April	..	..	..	..	..	26
May	..	..	..	..	..	14
June	..	..	..	..	..	7
July	..	..	..	..	..	9
August	..	..	..	..	..	7
September	..	..	..	..	..	18
October	..	..	..	..	..	19
November	..	..	..	..	..	36
December	..	..	..	..	..	26
Average daily figure over all year						24

Maximum and minimum observations

Smoke

Maximum	30th January	158 milligrams per 100 cubic metres
Minimum	25th August	2 milligrams per 100 cubic metres

Observations began on 5th January, 1959.

D.S.I.R. lead peroxide instrument

Sulphur pollution expressed as milligrams SO₃ per 100 square centimetres exposed surface per day. Results reduced to "Batch A" lead peroxide.

			Monsall		Rusholme		Withington	
			1959	1958	1959	1958	1959	1958
January	..	..	7.3	5.5	5.1	3.3	4.0	2.4
February	..	..	5.4	4.7	2.9	3.1	2.2	1.6
March	..	..	3.9	3.8	2.0	2.7	1.5	1.7
April	..	..	3.7	3.1	1.8	2.2	1.3	1.5
May	..	..	2.1	2.9	1.5	1.4	1.1	0.8
June	..	..	2.0	1.8	1.2	1.4	0.6	0.9
July	..	..	1.7	2.3	1.0	1.2	0.6	0.8
August	..	..	1.8	2.4	1.0	1.0	0.7	0.6
September	..	..	2.1	2.8	No Record	1.2	1.0	0.9
October	..	..	3.6	3.9	1.8	2.1	No Record	1.2
November	..	..	5.3	5.1	2.4	3.3	2.0	No Record
December	..	..	5.4	5.9	2.6	3.5	1.7	2.6
Overall average			3.7	3.7	2.1	2.2	1.5	1.4

D.S.I.R. lead peroxide instrument

Sulphur pollution expressed as milligrams SO_3 per 100 square centimetres exposed surface per day. Results reduced to "Batch A" lead peroxide

(louvered cover)

S_6 = mean results May/September.

W_6 = mean results November/March.

Y_{12} = yearly mean April/March.

Station	Summer— S_6	Winter— W_6	Year— Y_{12}
	1959	1959-60	1959-60
Monsall	1.9	4.9	3.4
Rusholme	1.2	2.9	2.1
Withington	0.8	2.2	1.5

The above table is set out in the form adopted by the D.S.I.R. for this instrument.

D.S.I.R. deposit gauge

Tons of deposit per square mile

Monthly averages

Station	Rainfall (inches)		Insoluble matter		Soluble matter		Total solids	
	1959	1958	1959	1958	1959	1958	1959	1958
Baguley	1.9	3.2	2.88	4.12	3.17	5.33	6.06	9.45
Booth Hall.. .. .	2.3	3.5	7.51	8.11	6.69	7.51	14.20	15.63
Heaton Park	2.5	3.7	6.16	6.43	5.31	6.53	11.47	12.97
Monsall	2.0	3.4	8.60	9.37	6.82	8.53	15.42	17.90
Philips Park	2.2	3.6	14.38	16.13	8.61	10.75	22.99	26.88
Rusholme	2.2	3.4	11.90	11.19	7.03	7.97	18.93	19.16
Withington	1.9	3.1	6.17	7.71	4.97	6.24	11.14	13.95
Average for above gauges	2.1	3.4	8.23	9.01	6.09	7.55	14.32	16.56
Knowle House. *(Handforth) ..	2.0	3.1	3.20	3.14	3.85	4.90	7.05	8.05

* This station is situated in Cheshire, outside the City boundary, and is about eight miles south from the City centre.
Results are recorded for comparison

Veterinary Services

MEAT AND FOOD INSPECTION

(Food and Drugs Act, 1955)

NEW ABATTOIR—Progress Report

DISEASE TRANSMISSIBLE TO MAN :

Erysipeloid infection

DISEASES OF ANIMALS ACT, 1950

Notifiable—Bovine Tuberculosis

Swine fever

Foot and mouth disease

Fowl pest

Anthrax

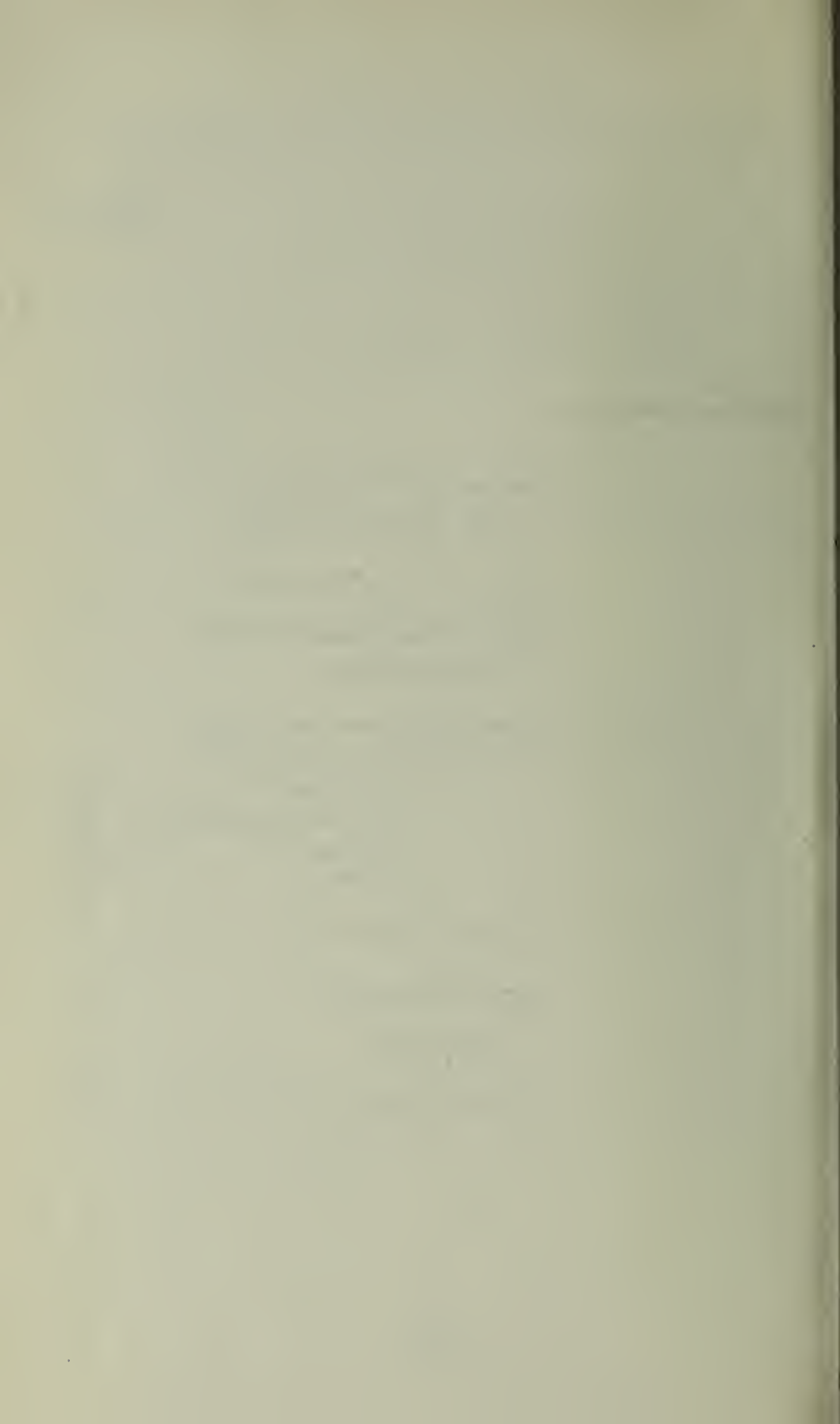
PET ANIMALS ACT, 1951

ANCILLARY SERVICES

School canteens

Shell fish

Other information



VETERINARY SERVICES

David E. Orr, M.R.C.V.S., Chief Veterinary Officer

The pattern of this third annual report follows the plan set out in the two previous years.

Meat Inspection at the City Abattoir continues to represent the basis and background to all the other activities of this section.

The subsequent tables show the changing picture of inspection over the last ten years, and graphs are included to illustrate the seasonal fluctuations during the year 1959.

One reasonable deduction from Table A is the tendency to expansion of the volume of work, whereas Tables B and C show a gradual diminution of the volume of condemnations particularly in the case of meat, fish, and rabbits; this is due unquestionably to the improved quality and relative freedom from disease of the carcasses submitted. Attempts are made in other tables and charts to illustrate these facts and suggest the reasons which govern these changes.

TABLE A

Animals inspected at time of slaughter at City Abattoir 1950-59

Year	Cattle	Sheep and lambs	Calves	Pigs	Goats
1950	72,449	209,048	44,170	3,058	2,674
1951	80,852	216,399	52,259	6,403	4,273
1952	97,467	194,143	44,755	7,718	3,780
1953	68,400	232,182	31,720	17,466	909
1954	65,313	230,662	27,425	31,978	6
1955	72,278	358,426	25,642	48,034	—
1956	73,791	402,691	22,501	46,395	—
1957	77,832	362,914	18,026	33,259	—
1958	72,975	321,502	12,721	34,232	—
1959	72,364	446,688	9,878	28,310	—

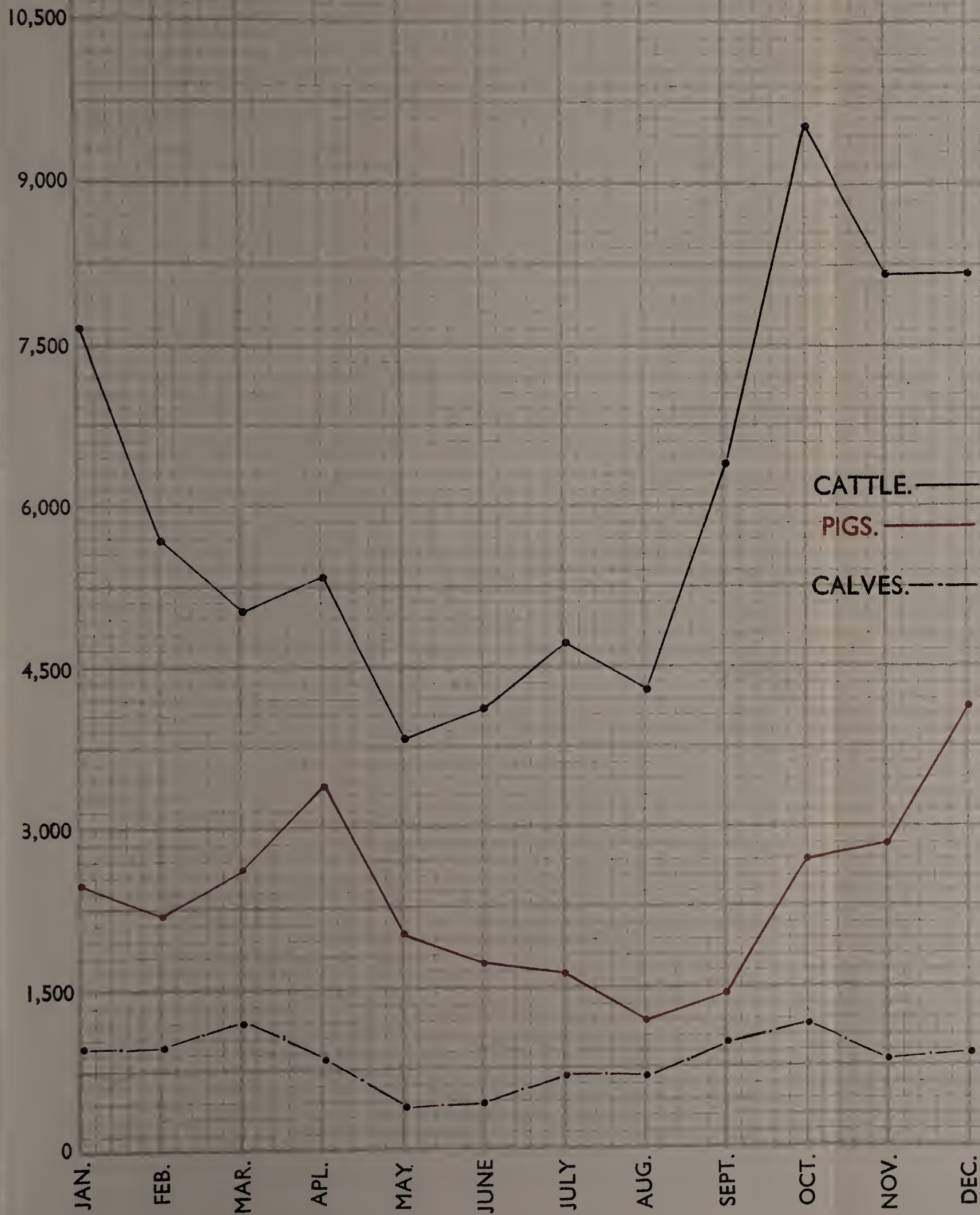
TABLE B
Total condemnation of various foodstuffs 1950-59

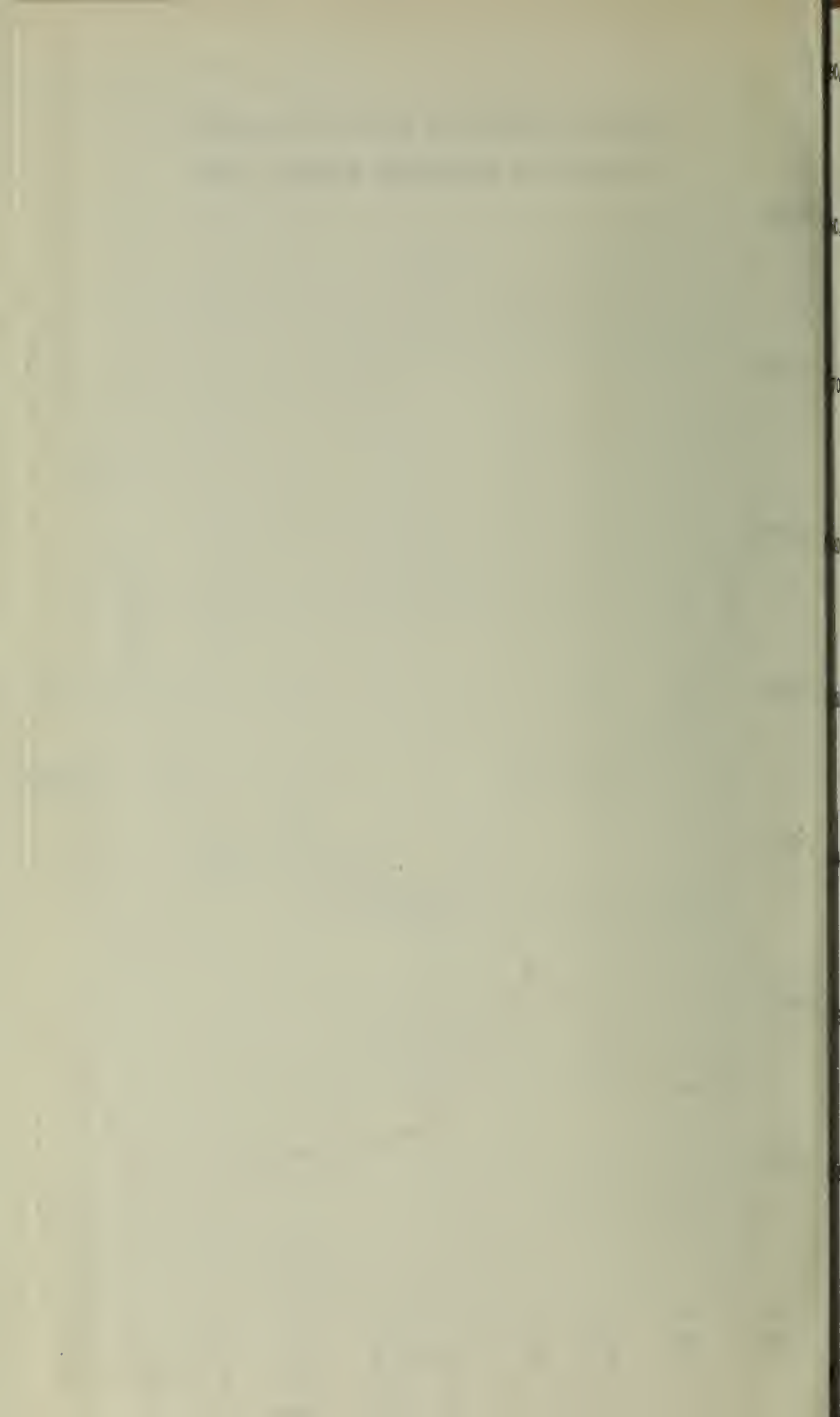
	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959
Meat (tons)	978	954 $\frac{3}{4}$	1,113 $\frac{1}{2}$	775	690	514 $\frac{1}{4}$	411 $\frac{1}{4}$	256 $\frac{1}{8}$	235	227
Fish and Shellfish (tons)	316 $\frac{3}{4}$	160	79 $\frac{1}{4}$	57 $\frac{1}{2}$	55 $\frac{3}{4}$	44 $\frac{1}{2}$	48	41 $\frac{7}{8}$	39 $\frac{1}{2}$	46 $\frac{1}{4}$
Fruit (tons)	136	83 $\frac{3}{4}$	91 $\frac{1}{2}$	81	57 $\frac{3}{4}$	64 $\frac{1}{4}$	85	66 $\frac{5}{8}$	64 $\frac{3}{4}$	66 $\frac{1}{2}$
Vegetables (tons) ..	162 $\frac{1}{2}$	109 $\frac{1}{2}$	61	23	94 $\frac{1}{2}$	61 $\frac{3}{4}$	86 $\frac{1}{2}$	146 $\frac{1}{2}$	135 $\frac{1}{4}$	135 $\frac{1}{2}$
Game (head)	1,835	675	184	658	704	1,213	593	386	278	748
Poultry (head) ..	15,043	7,419	5,048	4,130	6,712	5,923	3,942	4,468	3,850	6,115
Rabbits (head) ..	11,040	12,610	17,372	9,587	9,925	3,967	407	300	272	550
Eggs (number) ..	640	1,614	900	2,198	4,844	2,552	8,846	4,452	7,060	30
Canned meats, milks and sundry provisions (tons) ..	53 $\frac{1}{4}$	60 $\frac{1}{2}$	45 $\frac{1}{2}$	36 $\frac{1}{4}$	30	37 $\frac{5}{8}$	29 $\frac{3}{8}$	27 $\frac{3}{8}$	19 $\frac{1}{4}$	19 $\frac{1}{4}$

TABLE C
Meat condemned at the City Abattoir and Wholesale Meat Market

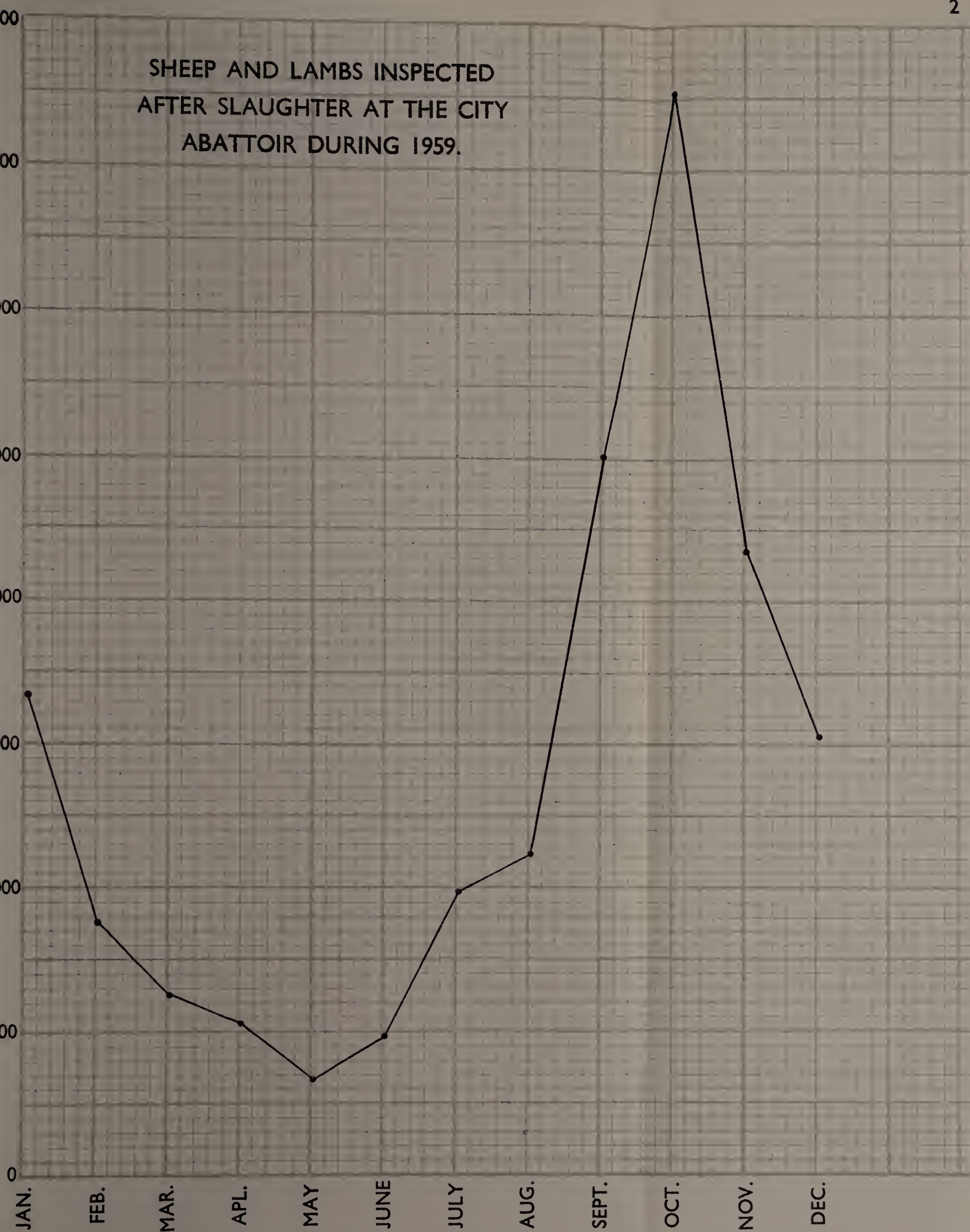
	1959	1958
Total weight of meat condemned at the City Abattoir and Meat Market	195 $\frac{5}{8}$ tons	204 $\frac{1}{2}$ tons
Of which the weight of dressed meat consigned from places other than the City was	4 $\frac{1}{4}$ tons	7 tons
Included in which were imported offals amounting to ..	785 lbs.	1,178 lbs.

ANIMALS INSPECTED AFTER SLAUGHTER
AT THE CITY ABATTOIR DURING 1959.

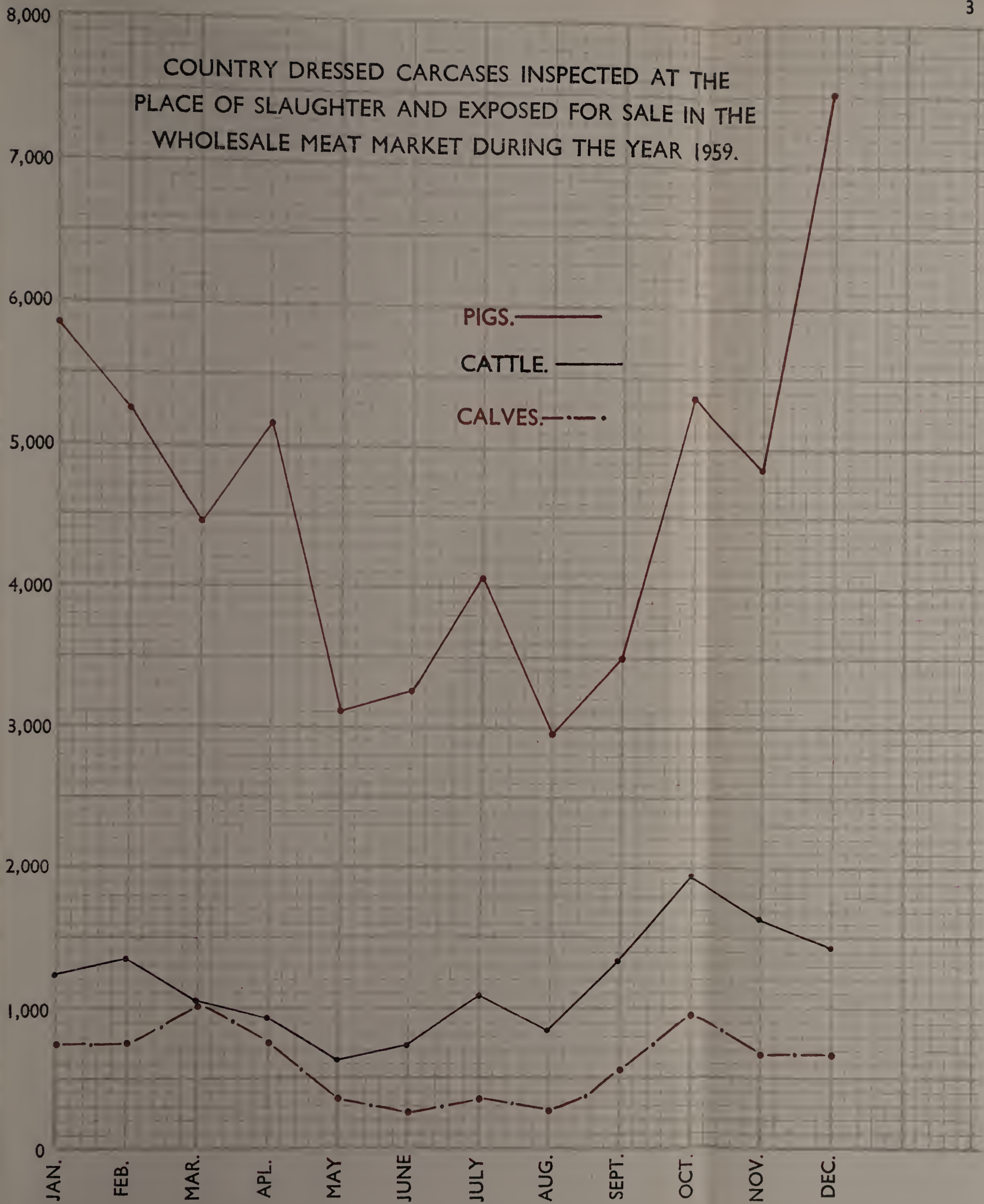


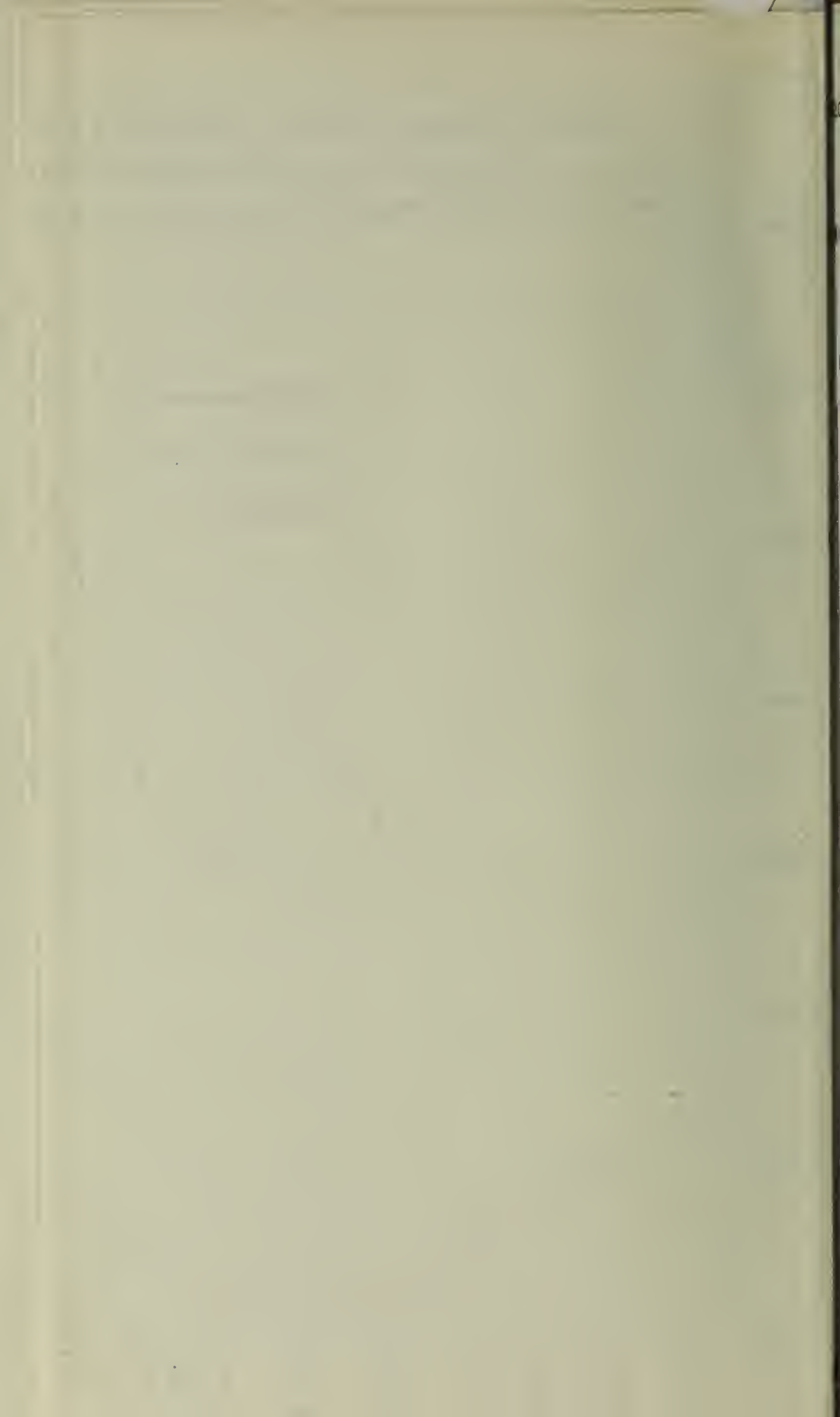


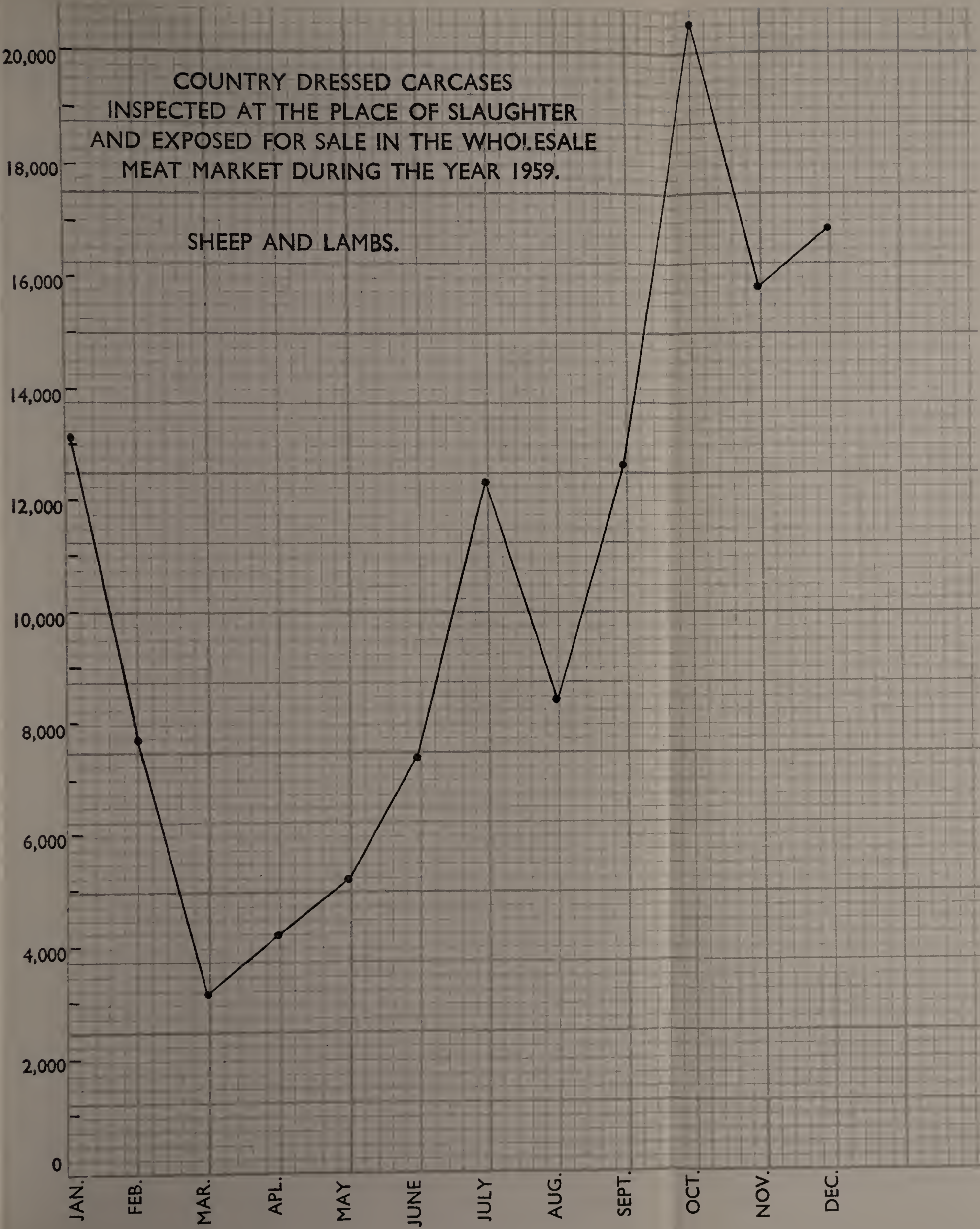
SHEEP AND LAMBS INSPECTED
AFTER SLAUGHTER AT THE CITY
ABATTOIR DURING 1959.

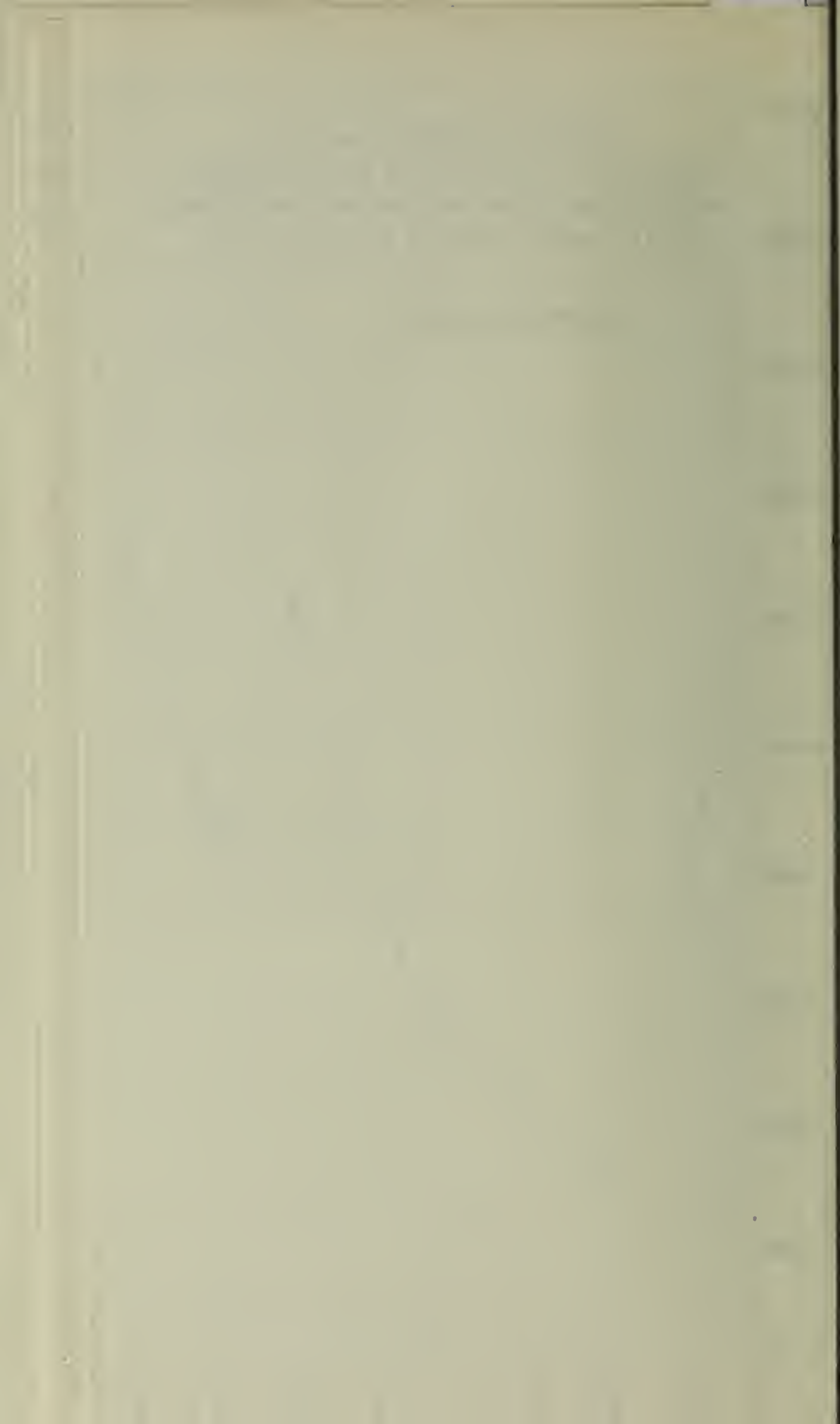


COUNTRY DRESSED CARCASSES INSPECTED AT THE PLACE OF SLAUGHTER AND EXPOSED FOR SALE IN THE WHOLESALE MEAT MARKET DURING THE YEAR 1959.

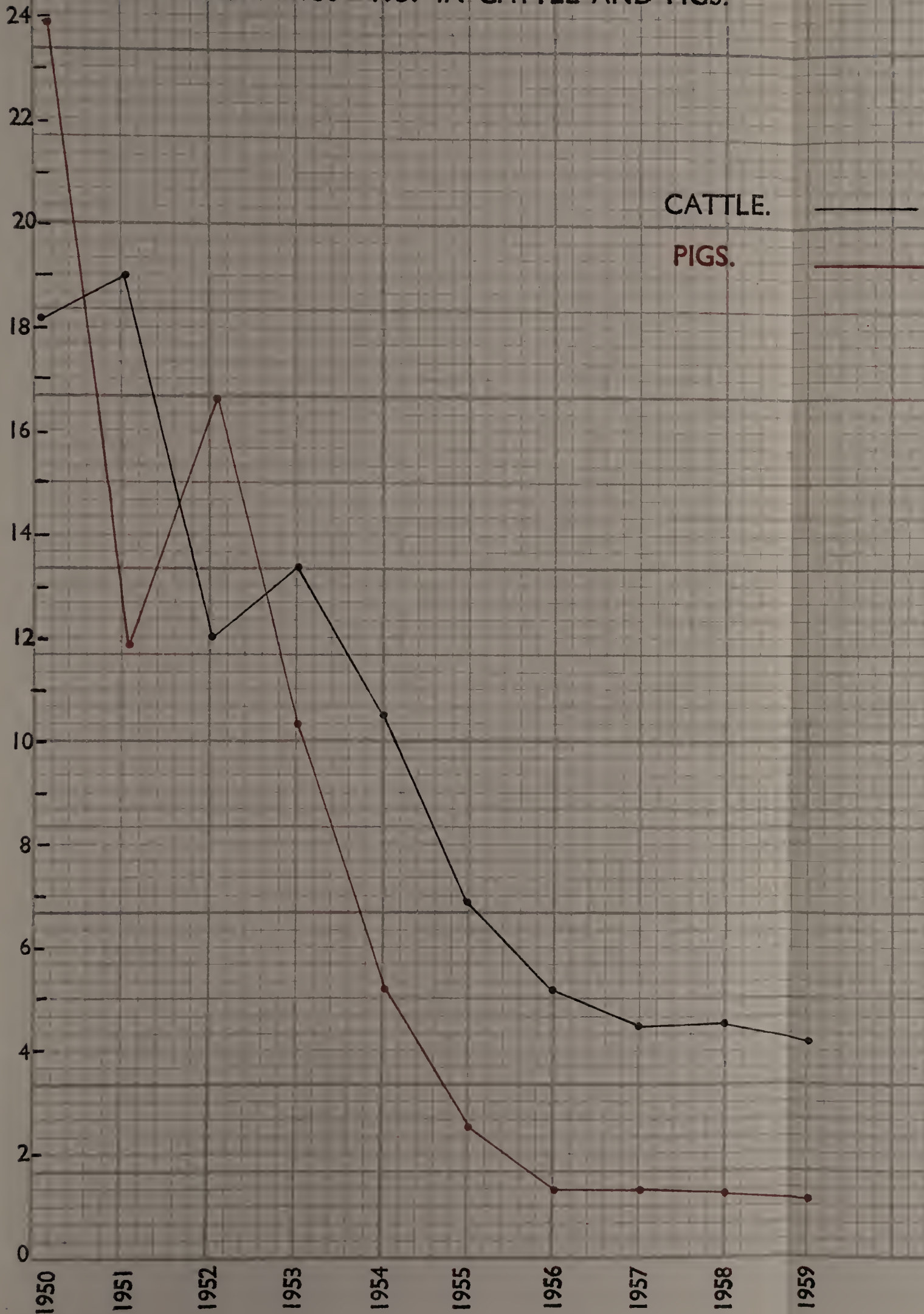








PERCENTAGE INCIDENCE OF TUBERCULOSIS
DURING 1950—1959 IN CATTLE AND PIGS.



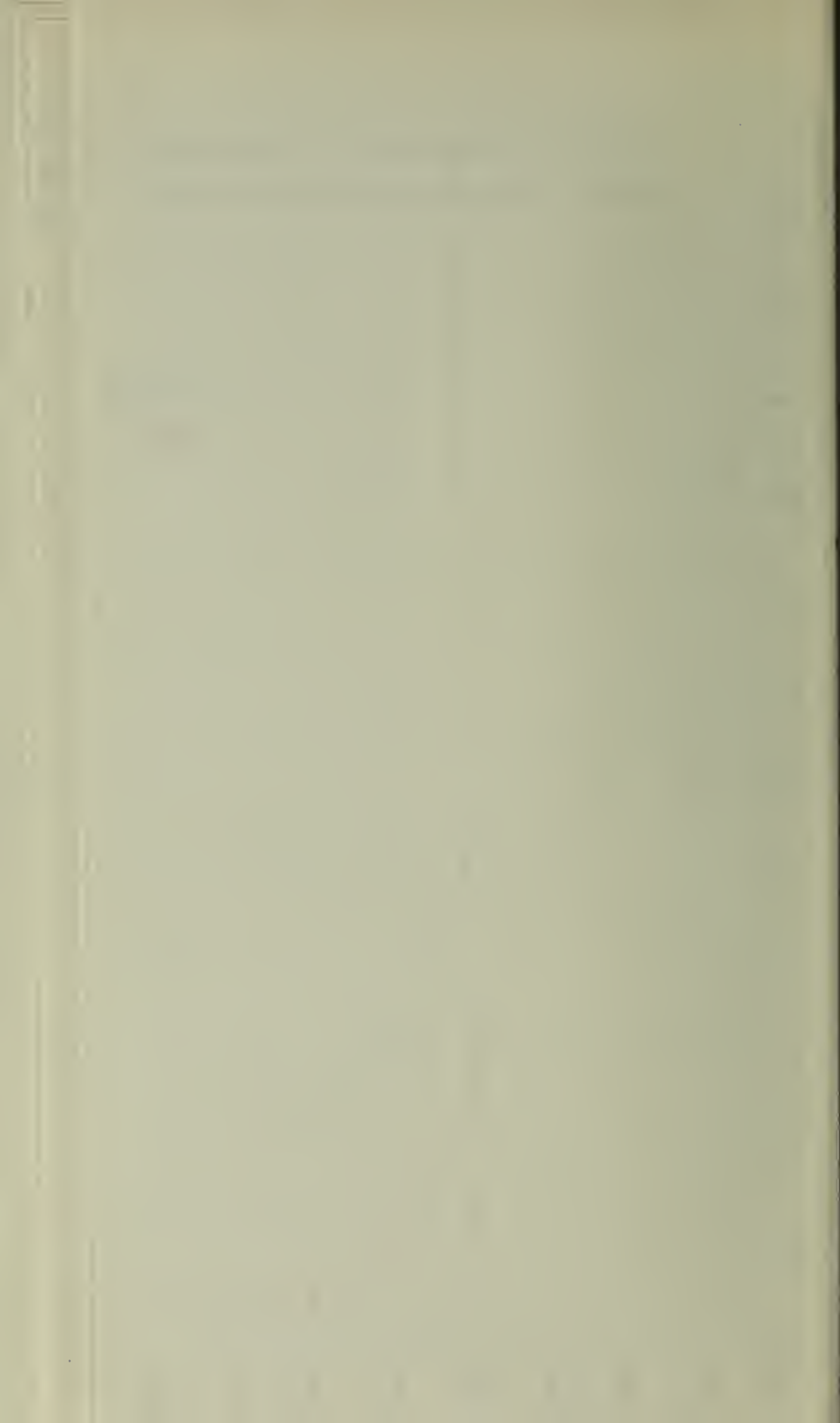


TABLE D

Carcasses inspected and condemned during 1959

	Cattle excluding cows	Cows	Calves	Sheep and lambs	Pigs
<i>Number killed and inspected—</i>					
At the City Abattoir	47,294	25,070	9,878	446,683	28,310
Brought into the City after killing	14,363		7,253	127,611	55,252
Figure for 1958	(16,837)		(8,140)	(110,871)	(50,442)
<i>All diseases except tuberculosis—</i>					
Whole carcasses condemned:—					
At the City Abattoir	51		14	253	98
Brought into the City after killing	6		3	24	12
<i>Carcasses of which some part or organ was condemned:—</i>					
At the City Abattoir	2,115		2	485	828
Brought into the City after killing	47		2	18	25
<i>Percentage of the number inspected affected with disease other than tuberculosis:—</i>					
At the City Abattoir	2.99		0.16	0.165	3.27
Brought into the City after killing	0.37		0.068	0.033	0.067
<i>Tuberculosis only—</i>					
Whole carcasses condemned:—					
At the City Abattoir	29	123	2	—	11
Brought into the City after killing	—		—	—	1
<i>Carcasses of which some part or organ was condemned:—</i>					
At the City Abattoir	369	2,486	1	—	284
Brought into the City after killing	—		—	—	—
<i>Percentage of the number inspected affected with tuberculosis:—</i>					
At the City Abattoir	0.841	10.41	0.03	—	1.04
Brought into the City after killing	(1.147)	(10.15)	(0.04)	—	(1.127)
Figure for 1958	(0.006)		—	—	Negligible
Figure for 1958			—	—	(Negligible)

Causes of condemnation

The weight of meat and offal condemned from the various causes specified was as follows:—

	Meat lbs.	Offal lbs.	Total year ended 31st December, 1959	Total year ended 31st December, 1958
†Tuberculosis	117,213	205,738	322,951	354,581
Fever	3,347	587	3,934	6,343
Injury	6,594	1,387	7,981	5,150
Dropsy	17,647	5,038	22,685	12,538
Dropsy (with emaciation) .. .	—	—	—	1,109
Parasitic	443	6,333	6,776	4,713
Asphyxiation	3,403	665	4,068	4,596
Emaciation	2,716	542	3,258	2,795
Unmarketable	347	115	462	126
Tumours	767	483	1,250	3,978
Abscess	5,825	18,471	24,296	25,233
Enteritis	—	20	20	—
Cirrhosis	—	538	538	458
T. Echinococcus	—	402	402	—
Pleurisy	307	1,343	1,650	2,512
Anaemia	88	18	106	—
Bone taint	8,780	—	8,780	4,382
Erysipelas	103	12	115	—
Congestion	973	3,384	4,357	2,577
Septicaemia	1,597	486	2,083	3,135
Actinomycosis	—	3,977	3,977	3,475
Icterus	130	26	156	428
Inflammation	48	10	58	130
Melanosis	21	42	63	123
Nephritis	398	371	769	1,056
Degeneration	160	—	160	117
Peritonitis	109	316	425	1,659
Pneumonia	726	2,122	2,848	1,736
Pericarditis	500	550	1,050	1,729
Johnes' disease	360	710	1,070	270
Mastitis	930	130	1,060	—
Pyaemia	537	80	617	951
Necrosis	338	110	448	36
Swine fever	1,033	197	1,230	3,248
Cysticercus bovis	300	542	842	375
Immature	35	6	41	25
Uraemia	28	10	38	226
Metritis	788	465	1,253	2,098
Black Spot	870	—	870	—
Leukaemia	575	171	746	—
Ascaris	—	29	29	—
Decomposition	63,775	11,544	75,319	74,660
Total	241,811	266,970	508,781 lbs. *227½ tons	526,568 lbs. 235 tons

* The above includes canned meats surrendered at the Chief Inspector's office and meat condemned at shops, warehouses, private slaughter-houses, etc., a total of 31½ tons.

†NOTE.—The number of condemnations in respect of tuberculosis was as follows:—

	Year ended	
	1959	1958
Whole carcasses of:—		
Beef	152	147
Veal	2	6
Pork	12	18
Part carcasses and organs:—		
Beef	2,855	3,141
Veal	1	—
Pork	284	372

Amount of unwholesome food condemned

	1959	1958
	lbs.	lbs.
MEAT:—		
Beef	412,219	434,372
Mutton	17,882	13,911
Veal	1,665	2,547
Pork	76,230	74,560
Imported offal	785	1,178
	508,781 = 227 $\frac{1}{8}$ tons	526,568 = 235 tons
FISH:—	lbs.	lbs.
Fish	99,879	78,785
Shellfish	3,570	9,752
	103,449 = 46 $\frac{1}{4}$ tons	88,537 = 39 $\frac{1}{2}$ tons
GAME	head 746	head 278
POULTRY	6,116	3,850
RABBITS	550	272
FRUIT	lbs. 149,091 = 66 $\frac{1}{2}$ tons	lbs. 145,035 = 64 $\frac{3}{4}$ tons
VEGETABLES	303,574 = 135 $\frac{1}{2}$ tons	303,042 = 135 $\frac{1}{4}$ tons
MISCELLANEOUS:—	No.	No.
Eggs	30	7,060
Evaporated, condensed and other milks	lbs. 1,478	lbs. 2,393
Canned meats and meat products	20,254	17,814
Sundry provisions	21,574	23,997
	43,306 = 19 $\frac{1}{4}$ tons	44,204 = 19 $\frac{3}{4}$ tons

Poultry and game, fruit and vegetables, provisions etc., inspected, condemned, and destroyed as being unfit for human consumption, during 1959.

POULTRY AND GAME						Head
Pheasants ..	..	..	..	..	..	409
Partridge ..	..	..	..	..	..	30
Grouse ..	..	..	..	..	..	46
Hares ..	..	..	..	..	..	104
Wood pigeons	..	..	..	..	..	149
Wild duck ..	..	..	..	..	..	8
Rabbits ..	..	..	..	..	..	550
Fowl ..	..	..	..	..	..	5,207
Ducks ..	..	..	..	..	..	107
Geese ..	..	..	..	..	..	72
Pigeons ..	..	..	..	..	..	511
Turkeys ..	..	..	..	..	..	219

VEGETABLES							Lbs.
Potatoes	..	..	..	..	..	..	21,768
Cabbage	..	..	..	..	..	..	39,167
Carrots	..	..	..	..	..	..	61,173
Turnips	..	..	..	..	..	..	996
Swedes	..	..	..	..	..	..	16,200
Cauliflowers	..	..	..	..	..	..	17,492
Sprouts	..	..	..	..	..	..	27,668
Mushrooms	..	..	..	..	..	..	495
Celery	..	..	..	..	..	..	770
Onions	..	..	..	..	..	..	65,427
Beans	..	..	..	..	..	..	5,144
Peas	..	..	..	..	..	..	3,441
Lettuce	..	..	..	..	..	..	11,472
Cress	..	..	..	..	..	..	2,253
Parsnips	..	..	..	..	..	..	15,976
Beetroot	..	..	..	..	..	..	1,964
Radish	..	..	..	..	..	..	340
Aubergines	..	..	..	..	..	..	1,027
Capsicum	..	..	..	..	..	..	126
Chicory	..	..	..	..	..	..	70
Parsley	..	..	..	..	..	..	425
Cucumbers	..	..	..	..	..	..	1,096
Endives	..	..	..	..	..	..	180
Canned vegetables	..	..	..	..	..	..	6,422
Yams	..	..	..	..	..	..	2,482

	FRUIT						Lbs.
Bananas	44,767
Apples	27,196
Pears	14,690
Tomatoes..	1,689
Grapes	6,874
Pineapples	520
Apricots	2,400
Peaches	2,882
Oranges	1,025
Raspberries	24
Plums	6,256
Grapefruit	320
Melons	1,190
Lemons	1,055
Cherries	473
Strawberries	550
Nuts	2,931
Bilberries	2,766
Gooseberries	4,576
Greengages	330
Cranberries	64
Rhubarb	240
Canned fruit	26,273

PROVISIONS, ETC.						Lbs.
Canned milk	..	..	..	..	..	1,478
Canned meats	..	..	..	..	..	20,254
Soups	..	..	..	..	..	1,451
Preserves	..	..	..	..	..	1,626
Beverage preparations	(liquid)	..				156
"	"	(solid)	..			34
Cheese	..	..	..	..	..	939
Flour, etc.	..	..	..	..	..	1,039
Bread, cakes, etc.	..	..	..	..	..	110
Pickles	..	..	..	..	..	1,809
Frozen and liquid egg	..	..	..	..	..	3,733
Dessert provisions	..	..	..	..	..	661
Fats	..	..	..	..	..	424
Patent foods	..	..	..	..	..	31
Salt	..	..	..	..	..	10
Sweets	..	..	..	..	..	1,570
Eggs (No. 30)	..	..	..	..	..	3
Sugar	..	..	..	..	..	5
Cereals	..	..	..	..	..	7
Assorted frozen foods	..	..	..	..	..	224
Assorted canned foods	..	..	..	..	..	7,742

New Abattoir — Progress Report

The provision of a New Abattoir actively interests the Health Department because of the inadequacy and progressive deterioration of the present premises: this gives the new construction a greater measure of urgency.

During the year modifications have been made in the original plan but the essential features which concern the humane handling of the animals, the provision for inspection at all stages on the killing floor and the dressing of the carcasses in a hygienic manner have been safeguarded. The intention to permit handling of the by-products on the premises is still under consideration.

Diseases transmissible to man

Erysipeloid infection in man

The outbreak of erysipeloid infection in workers employed at a large meat processing factory, which occurred in 1958 was brought under control during the latter part of that year.

This year repeated bacteriological examinations of swabs taken from a wide range of utensils in the factory (wood and steel-topped benches, cleavers, hand saws, band saws, conveyor belts, sausage fillers, knives, sharpening steels, etc.), have all proved negative for *E. rhusiopathiae*.

This satisfactory state of affairs indicates the necessity for the detailed supervision of the daily cleansing routine in such establishments and the careful use of a suitable disinfecting medium in this regard.

It was found necessary to demonstrate personally the correct technique of disinfection by hypochlorites.

A significant feature of this outbreak was that once the massive "build up" of *E. rhusiopathiae* on all articles in the premises had been eliminated, the number of cases of erysipeloid infection in the workers diminished rapidly, and for several months no new cases have occurred, despite the fact that the organism is known to be present in a high percentage of the pig carcasses processed—which would appear to indicate that erysipeloid infection in man is dependent upon gross contamination before an outbreak occurs.

The possibility that erysipeloid infection in man might be seasonal in character is always kept in mind, and the fact that when it does occur it might conceivably be due to a heavier incidence of clinical erysipelas in pigs.

Happily the year passed without any clinical cases being reported among the employees of the meat factory in question. Further, there is no evidence that the infection in the carcasses of pigs and poultry passing through the factory was abnormally heavy. This factory receives supplies of carcase meat from slaughter-houses and markets over a very wide area and daily visits were paid by our Inspectors to the premises to see the meat as it was received and as it was being handled in the factory.

While inspection of this character cannot be considered so satisfactory as inspection at the place of slaughter, it does provide a check of grosser conditions which may have escaped detection elsewhere.

Regular spot inspections while the men are at work have a value in helping to maintain a good standard of hygiene throughout the factory.

Eradication of bovine tuberculosis

Table E shows the decreasing incidence of bovine tuberculosis in cattle and pigs passing through the Abattoir during the period since the compulsory eradication scheme commenced in 1950. Substantial portions of the country are now practically clear of the disease and it is expected that 1960 should see the task completed, although pockets of bovine tuberculosis will probably remain after the rest of the country is clear.

Avian tuberculosis will continue to confuse the picture although it is not likely that instances of this infection in food animals will be appreciable.

TABLE E

Incidence of tuberculosis during 1950-59

Year	Cattle slaught- ered at Abattoir	Condemned for tuberculosis		Per- centage inci- dence	Pigs slaught- ered at Abattoir	Condemned for tuberculosis		Per- centage inci- dence
		Carcases	Part car- cases and organs			Carcases	Part car- cases and organs	
1950	72,449	1,247	11,941	18.2	3,058	32	699	23.9
1951	80,852	1,345	14,020	19.0	6,403	26	724	11.75
1952	97,467	960	8,979	12.0	7,718	46	1,237	16.62
1953	68,400	597	8,590	13.4	17,466	49	1,753	10.32
1954	65,313	549	6,252	10.4	31,978	59	1,592	5.13
1955	72,278	477	4,548	6.95	48,034	36	1,135	2.44
1956	73,791	283	3,536	5.17	46,395	26	555	1.25
1957	77,832	200	3,357	4.57	33,259	13	398	1.23
1958	72,975	147	3,140	4.5	34,232	18	372	1.14
1959	72,364	152	2,855	4.15	28,310	12	284	1.04

Swine fever

Number of cases reported	21
Number of cases confirmed	13
Number of animals found affected and destroyed	198
Number of in-contact animals examined	796

The Swine Fever (Infected Areas) Special Order No. 2 came into operation on the 6th September, 1959, defining an area in Lancashire, including Manchester.

On the 6th October, 1959, the area was extended by Special Order No. 3 to include part of Cheshire.

On the 7th December, 1959, the restrictions imposed by the above Orders were withdrawn.

Number of licences issued under the above Orders for movement of pigs for slaughter	229
Number of animals	2,145
Number of licences issued for the movement of store pigs	14
Number of store pigs involved	104

Swine fever was troublesome throughout the country during the year, and Manchester and the surrounding counties suffered in the outbreak.

On Highfield Estate disease was confirmed on 2 smallholdings.

On Fallowfield Estate disease was confirmed on 8 smallholdings.

The origin or introduction of the disease in both these sites is obscure, but with infection so widespread in the neighbouring country it is not surprising that it reached both estates. What is a little surprising is the distribution of infection among the various smallholdings on Fallowfield Estate. The organization of this small community leads to a good deal of coming and going among smallholders, and however commendable this may be at ordinary times when a disease of this character is prevalent it can be harmful.

It was noted that the clinical picture in the first instance did not conform to the standard pattern and this may have been responsible for a certain amount of delay on the part of the owners in suspecting the disease: it was only when the epidemic developed that the classical symptoms appeared.

Foot and mouth disease

Two outbreaks of foot and mouth disease occurred during the year which involved the City.

On the 5th December, 1959, the Ministry declared an Infected Area around Westhoughton which bordered, but did not include, Manchester. The movement of stock by road from the North of England to the Abattoir compelled wagons to make a detour to avoid passing through the Infected Area.

On the 8th December, 1959, the Ministry declared an Infected Area around Stockport which did include the City and prohibited the movement of stock except on licence. The normal trade practice of building up stocks for the Christmas trade was limited.

The restrictions were removed from the Westhoughton Area on the 27th December, 1959, and from the Stockport Area on the 29th December, 1959.

The number of licences issued during the period was . . . 897

Number of animals licensed:

Cattle	..	..	..	..	..	..	..	..	..	..	8,478
Sheep	..	..	..	..	..	..	..	..	..	..	36,541
Pigs	..	..	..	..	..	..	..	..	..	..	3,841
Calves	..	..	..	..	..	..	..	..	..	..	980

Fowl Pest

No outbreaks of Fowl Pest were reported in this City during 1959.

Under the Fowl Pest Order, 1936/1947

Notices restricting movement were served on 3 premises where in-contact poultry were housed.

Under the Poultry Premises and Vehicles Disinfection Order, 1956

Notices requiring disinfection were served in 4 instances in respect of poultry slaughterers who had been on premises where the disease was subsequently confirmed.

The Live Poultry (Restrictions) Order, 1957

The Live Poultry (Restrictions) Amendment Order, 1959

Number of licences issued — 422.

The licences issued under this Order are intended to facilitate the movement of poultry to Jewish Ritual Slaughterhouses.

On the 23rd April, 1959, an Order was made by the Ministry of Agriculture declaring an area in South-West Lancashire as a Fowl Pest Infected Area, because several outbreaks of Fowl Pest had occurred in the vicinity. Manchester traders were only indirectly involved because the restrictions imposed by the Order limited their supply area.

The active measures taken in the Infected Area and the effective control of the movement of poultry in the surrounding area prevented the spread of the disease, with the result that restrictions were withdrawn on 23rd May, 1959. Other parts of the country were less fortunate than Lancashire because outbreaks of Fowl Pest occurred in the South-Eastern counties of England intermittently throughout the year.

The extent of these outbreaks was mainly due to two factors:—

1. The rapid increase in the poultry industry, particularly broiler production.
2. The tendency to develop the industry in large concentrated units.

When disease did occur the numbers liable to be involved were considerable and the distribution of infection tended to be widespread. An outbreak which occurred in one of these "broiler plants" in Nottingham illustrates the possibilities: an attempt was made to trace all dressed poultry from this plant during the week prior to the day on which the disease was confirmed because a number of dressed birds were probably incubating the disease and were therefore a potential danger. A large number of birds was involved; a Manchester firm handled 3,207 birds from this source alone during the week in question, and comparable numbers went to other Lancashire towns.

All the birds in this lot were "rough plucked", that is, not fully dressed, and were traced to 44 separate retailers inside and outside the City. The subsequent handling of the poultry varied: so far as we were able to trace events, some retailers sold the birds "rough plucked" to be cleaned or dressed by the purchaser, and others dressed the birds in their shops and sold the carcasses ready for the oven. The point of immediate concern was, of course, the disposal of the organs taken from the birds because they represented a method of spread of the infection. It proved quite impracticable to trace the disposal of all the abdominal organs and the Ministry decided to suspend tracing and await developments.

No outbreaks of disease were reported following this widespread distribution of potentially infective material.

Anthrax

No cases of anthrax occurred in the City during the year.

The following cases of unexplained death were investigated for anthrax infection and found to be negative:—

At the City Abattoir:

Cattle	..	..	..	..	..	..	8
Sheep	..	..	..	..	..	..	31
Pigs	..	..	..	..	..	..	13

Outside:

—

Diseases of Animals (Waste Food) Order, 1957

Number of premises licensed under this Order is .. 44

These licences are continuous unless withdrawn by the Local Authority. The premises are kept under regular supervision.

Pet Animals Act, 1951

Pet Animals Act, 1951

Number of licences issued 51

Number of visits to premises 52

The Act covers a wide range of animals but no standards are laid down; consequently the decision as to the suitability of any premises is left to the licensing authority and this can only be determined by the number and the class of animals which the applicant proposes to keep. The value of this Act lies in the fact that it serves to focus some attention on the manner in which pet animals are kept for sale; on the whole, experience has shown that reasonable care is being taken by the traders.

Ancillary services

School canteens

Number of kitchens on the list is 109

Number of visits made to kitchens 524

This service originated in the days of Meat Control and is largely advisory; it continues to serve a useful purpose.

Export certificates

Number issued, 103.

Certificates were issued in respect of the following:—

Carcase meat.

Canned meats.

Animal organs for pharmaceutical purposes.

Animal material for industrial purposes.

The certificates were required by importing countries as a guarantee that the animals from which the material was derived were inspected and found free from notifiable disease and fit for human food and/or the goods were prepared in a hygienic manner.

Bacteriological examination of shellfish

The bulk of shellfish passing through the Manchester markets arrive in sealed bags having passed through purification tanks. Samples of all other supplies are submitted for laboratory examination before sale and only marketed if satisfactory.

Other information, 1959

Meat, fish, fruit, provision shops, etc.:—														
Visits made	..	..	..	..	..	..	..	..	..	..	..	..	..	3,231
At request of tenants or other sources	..	..	..	..	..	..	..	..	..	..	..	..	..	145
Microscopic examinations	..	..	..	..	..	..	..	..	..	..	..	..	..	395
Bacteriological and chemical examinations of shellfish	..	..	..	..	..	..	..	..	..	..	..	..	..	5
Certificates of condemnation issued	..	..	..	..	..	..	..	..	..	..	..	..	..	10,727
Education committee canteens:—														
Visits made	..	..	..	..	..	..	..	..	..	..	..	..	..	524
Livestock market inspection:—														
Visits to Mode Wheel	..	..	..	..	..	..	..	..	..	..	..	..	..	52
Knackers premises:—														
Visits made	..	..	..	..	..	..	..	..	..	..	..	..	..	22
All animals were dead on arrival and subsequently dressed.														
	<i>Horses</i>	<i>Cattle</i>	<i>Pigs</i>	<i>Sheep</i>	<i>Calves</i>									
	144	1,467	41	7	34									
Private slaughterhouses:—														
Visits made	..	..	..	..	..	..	..	..	..	..	..	..	..	456
Animals inspected:—														
		<i>Cattle</i>	<i>Sheep</i>	<i>Calves</i>	<i>Pigs</i>									
		77	2,217	13	55									
Licences issued:—														
Pet Animals Act	..	..	..	..	..	..	..	..	..	..	..	..	..	51
Slaughtermen	..	..	..	..	..	..	..	..	..	..	..	..	..	94

INDEX

	PAGE		PAGE
Abatement of overcrowding .	200	Ashton House municipal hostel	
Abattoir—new, progress report	250	for women	82
Abstract of Registrar General's		Assistants and young persons,	
health reports	36A	employment of in shops . . .	206
Accidents in the home,		Atmospheric pollution—	
prevention of	118	measurement of by Public	
Accommodation, sanitary . .	212	Analyst	238
Acute encephalitis (infective—		recording of	188
post infectious)	47	smoke	185
Acute Rheumatism Regulations	5, 49	sulphur dioxide	194
Adulteration—		Attendances at clinics, etc. . .	98
food and drugs	182		
milk	226	Babies, premature	91, 92, 92A
Adulterated and other unsatis-		B.C.G. vaccination	143
factory samples of food and		Bacteriological examination of	
drugs and action taken . . .	234	milk	181
Aged and infirm persons and		Barbers and hairdressers . . .	217
the sick, care of	125	Baths, swimming	216
Ailments—minor	99	Bedding of chronic sick persons	
Ambulance and Transport		nursed at home	158
Service—		Biological examination of milk	181
ambulance service	74	Births—	
civil defence	75	legitimate and illegitimate . .	33, 34, 35
clinic	77	rate	4, 30B, 30D
commercial vehicles	76	rate in City wards	28
disinfection service	76	still	91
immunization unit	77	Blindness, incidence of . . .	96
municipal car pool	76	Boats, canal—	
operating mileage	77	dwelling on	204
sub-committee	10	welfare of women and	
Analgesia	88	children on	125
Analyst, Public, report of—		Break-up of families—	
adulteration of milk	226	prevention	113
drinking water and other		Burial grounds	217
samples	237		
drugs	234	Canal boats—	
Food and Drugs Act, 1955.	223	dwelling on	204
measurement of		welfare of women and	
atmospheric pollution . . .	238	children on	125
notes on samples not adul-		Car pool—municipal	76
terated but of interest on		Care of aged and infirm persons	
some analytical and		and the sick	125
administrative points . . .	234	Care of illegitimate children	
samples from other sources.	236	and their mothers	103
samples other than milk . . .	230	Care of mothers and young	
samples submitted by		children—	
Health Department	235	attendances at centres, etc. . .	98
samples submitted by other		care of illegitimate children	
Corporation Departments	236	and their mothers	104
some notes on particular		children attending child	
cases of adulteration or		welfare centres	99
or irregularity	230	clinics	97
Ante-natal care	87	domestic science class	97
Anthrax	47	minor ailments	99
Antigens used in		mothers and baby home	
immunizations	39	“Knowle House,” Hand-	
Area of City, wards	28	forth	107
Artificial feeding	93	mothers' evening clubs . . .	101

INDEX—continued

	PAGE		PAGE
Care of mothers and young children—continued		Conditions, housing—contd.	
Nurseries and Child Minder regulations, 1948	103	clearance areas	7, 195
physiotherapy	97	common lodging houses...	204
recuperative centre.....	108	houses-let-in-lodgings	201
travelling homecraft teaching exhibition—		improvement grants.....	202
baby care	100	individually unfit houses...	7, 197
fathercraft		movable dwellings	204
home safety.....		repairs	201
seasonal		Congenital malformations,	
the expectant mother....		deaths under one year from	32
toddlercraft		Control areas, smoke and smokeless zones	187
voluntary workers	100	Control, rodent	207
welfare centres	97	Convalescence	160
welfare foods	100	Conveniences, public.....	217
Causes of death in infancy and childhood	29	Co-operation with hospitals in the region	122
Cerebral palsy and epilepsy...	153	Co-operation with School Health Service	124
Certain poisons, sale of.....	217	Darbishire House Health Centre	159
Child minding	103	Day nurseries	139
Children, tuberculosis patients	142	Deaths—	
Children with physical or mental defects.....	125	at four weeks to one year of age	35
Chronic sick persons nursed at home, laundering of bedding	158	deaths from respiratory diseases per 1,000 population	25
Civil defence (ambulance and casualty collecting section)	75	from infectious diseases ...	31
Cleansing clinic	135	from tuberculosis, comparative figures.....	146
Clearance areas	7, 195	from tuberculosis	147
Clinics—		in age groups and percentage to total deaths	22
attendances	98	infant death rate	5, 30
child welfare	99	infants under one year of age	32
Monsall cleansing.....	135	in public institutions	26
Colonization of tuberculosis patients	142	maternal	5, 90
Commercial vehicles	76	neo-natal	35
Common lodging houses	204	percentage to total deaths..	21
Conditions, general sanitary—		percentage to total of inquest causes.....	26
disposal of refuse	212	perinatal	35
drainage and sewerage works (defects and repairs)	211	principal causes of	24
effluvium and dirt nuisance	213	quinquennial rate of mortality from certain causes	27
eradication of insect pests..	211	rate of, from all causes.....	4, 30a
establishment for massage or special treatment	216	rate of, from specified causes	21
export of washed rags and second hand clothing....	215	rate of, in City wards	31
hairdressers and barbers ...	217	rate per 1,000 population ..	21, 30c
infectious diseases	169, 207	under one year from	
land used by pleasure fairs..	214	diarrhoea congenital	
noise nuisance	214	malformations, diseases	
offensive trades	213	of early infancy and other causes.....	32
public conveniences	217	Deliveries by midwives	88
rag flock and other filling material	215	Density of population in wards	28
rodent control	207	Dental care of mothers and young children	110
sale of certain poisons.....	217	Diarrhoea, deaths under one year from	32
sanitary accommodation ..	212	Diphtheria, immunization ...	38, 40
stopped up drains and sewers	211	Diseases of Animals Act, 1950	251
swimming baths	216	Diseases, infectious	37
Conditions, housing—			
abatement of overcrowding.	200		
canal boats	204		

INDEX—continued

	PAGE		PAGE
Diseases of early infancy, deaths under one year from	32	Epidemiology and infectious diseases—continued	
Diseases transmissible to man.	251	cases of notifiable infectious	
Disinfection services	76	diseases other than tuber-	
Disposal of refuse	212	culosis classified in wards	
Dr. Garrett Memorial Home for convalescent children..	81	of the City	45
Domestic science classes	112	consultations.....	50
Domiciliary Midwifery		deaths from infectious	
Service—		diseases	21
analgesia	88	diphtheria	5, 44
ante-natal care.....	87	diphtheria immunization ..	38, 40
artificial feeding	89	dry sterilization unit for	
deliveries	88	syringes and needles.....	6, 43
educational activities	86	dysentery	49
emergency cases	89	erysipeloid infection (swine	
equipment	87	erysipelas)	251
liaison with hospitals	88	food poisoning	51, 57
maternal deaths	90	international certificates of	
medical aid	90	vaccination	50
notifications of intention to		malaria	47
practise	86	measles	47
pemphigus neonatorum		meningococcal infections...	44
cases	94	paratyphoid fever	49
post-graduate courses	86	pneumonia	47
premature babies	91, 92A	poliomyelitis	6, 45
puerperal pyrexia cases.....	90	poliomyelitis vaccination..	6, 41
staff	85	primary vaccinations	6, 39
still-births	91	re-vaccinations	39
supervision of midwives...	85	scarlet fever.....	49
training of midwives	86	smallpox	44
transport service.....	87	smallpox vaccination	37
Drains and sewers, stopped up	211	typhoid fever	49
Drainage and sewerage work (defects and defaults).....	211	whooping cough	5, 47
Drinking water and other water, samples examined by		whooping cough immuniza-	
Public Analyst	237	tion	5, 41
Drugs	234	Epilepsy and cerebral palsy..	153
Drug and food adulteration..	223	Epileptics, Langho Colony for	77
Dry sterilization of needles and syringes.....	6, 43	Equipment—	
Dust nuisance and effluvium..	213	issued to midwives.....	87
Dwellings, movable	204	loans service for sickroom..	158
Dysentery	49	Eradication of insect pests...	211
		Erysipeloid infection (swine	
Educational activities of		erysipelas)	251
midwives	86	Establishments for massage or	
Education, health	71	special treatment	216
Effluvium and dust nuisance..	213	Estimated population	4
Emergency cases (Flying		Examination of milk, bacteri-	
Squad)	89	ological and biological.....	143, 226
Employment of assistants and		Exhibition—homecraft	100
young persons in shops....	206	Exhumations	217
Employment of tuberculosis		Export of washed rags and	
patients	142	second hand clothing.....	215
Encephalitis, acute	47	Factories	205
Epidemiology and infectious		Factory outworkers	205
diseases—		Families, break-up	
acute encephalitis	47	prevention of	113
anthrax	47	Family Welfare Service	163
antigens used in immuniza-		Feeding, artificial	89
tions	39	Fever, Paratyphoid	49
		Flock, rag and other filling	
		material	215
		Flying Squad (Emergency	
		maternity services)	89
		Food and Drugs Act, 1955....	223
		Food and drug adulteration...	223

INDEX—continued

	PAGE		PAGE
Food and drugs, adulterated and other unsatisfactory samples of food and drugs and action taken.....	230	Health visiting—continued	
Food poisoning.....	51, 57	verminous conditions and scabies.....	135
Food supply—		welfare of women and children on canal boats.....	125
adulterated and other unsatisfactory samples of food and drugs and action taken	230	Hearing, screening tests in babies and young children	119
bacteriological and biological examination of milk.....	143, 226	Hygiene, food.....	177
food and drug adulteration.	182	Home Help Service.....	7, 160
hygiene.....	8, 177	Home, accidents prevention of	118
milk and ice cream control.	178	Homecraft exhibition.....	100
Milk (Special Designation Regulations, 1949).....	180	Home helps—tuberculous households.....	142
Furnaces, prior approval of the installation of.....	186	Home Nursing Service—	
		laundering of bedding of chronic sick persons	158
		nursed at home.....	157
		nursing staff.....	158
		sickroom equipment loans	157
		service.....	157
		training of staff.....	158
		transport.....	158
General Medical Services—		Hospitals—	
medical questionnaire		co-operation within the region.....	122
screening of entrants to the Corporation service..	58	liaison with.....	88
retirement through incapacity.....	58	Hostels, municipal, Ashton House and Walton House.	82
rehousing on medical grounds.....	58	Houses—	
staff welfare.....	59	common lodging.....	204
General statistics.....	16	individually unfit.....	7, 197
Grants in aid to tuberculosis patients.....	141	let-in-lodgings.....	201
Grants, improvement.....	202	Housing, of tuberculosis patients.....	142
		Housing conditions—	
Hairdressers and barbers.....	217	abatement of overcrowding.	7, 200
Health centre, Darbshire House.....	159	canal boats.....	204
Health Centres Sub-Committee	10	clearance areas.....	7, 195
Health Committee.....	9	common lodging houses...	204
Health education.....	71	houses-let-in-lodgings.....	201
Health officers.....	12	improvement grants.....	202
Health visiting—		individually unfit houses...	7, 197
care of aged and infirm persons and the sick.....	125	moveable dwellings.....	204
children with physical or mental defects.....	125	repairs.....	201
co-operation with hospitals in region.....	122	Hygiene of food supply.....	8
co-operation with school health service.....	124		
Monsall cleansing clinic....	135	Ice cream and milk control...	178
National Society for the Prevention of Cruelty to Children.....	124	Illegitimate children and their mothers, care of.....	103
nursing homes registration.	138	Illegitimate and legitimate births.....	16, 33, 34, 34A, 35
prevention of accidents in the home.....	118	Immunization—	
prevention of break-up of families.....	113	antigens used.....	39
refresher courses.....	137	diphtheria.....	38, 40
screening test of hearing in babies and young children	119	whooping cough.....	5, 41
training course for health visitors.....	138	Immunization unit.....	77
tuberculosis.....	141	Improvement grants.....	202
		Individually unfit houses.....	7, 197
		Infant mortality.....	5, 6, 30, 30F
		Infant mortality, rate in City wards.....	28
		Infectious diseases and epidemiology—	
		acute encephalitis.....	47
		anthrax.....	47

INDEX—continued

	PAGE		PAGE
Infectious diseases and epidemiology— <i>continued</i>		Manchester Chest Clinic, return showing work of...	145
antigens used in immuniza- tions	39	Marriages	4
cases of notifiable infectious diseases other than tuber- culosis classified in wards of the City	45	Marriages, rate of	4, 30B
diphtheria	5	Mass miniature radiography..	143
diphtheria immunization ..	38, 40	Massage or special treatment, establishment for	216
dry sterilization unit for hypodermic syringes and needles	6, 43	Maternity and Child Welfare Sub-Committee	10
dysentery	49	Maternal deaths	5, 30E
malaria	47	Measles	47
measles	47	Measurement of atmospheric pollution	2, 38
meningococcal infections...	44	Meat Inspection Sub-Commit- tee	11
paratyphoid fever	49	Meat and food inspection....	177, 245
pneumonia	47	Medical—	
poliomyelitis	6, 45	aid to midwives	90
poliomyelitis vaccination...	6, 41	examinations	60
primary vaccination	6, 39	questionnaires	58
re-vaccination	39	Meningococcal infections	44
scarlet fever	49	Mental Deficiency Acts, 1913-38	67
smallpox	44	Mental Health Service—	
smallpox vaccination	37	administration	8, 61
typhoid fever	49	Lunacy and Mental Treat- ment Act	65
whooping cough	5, 47	Mental Deficiency Acts, 1913-38	67
whooping cough immuniza- tion	5, 41	work in community	64
Infectious diseases, inspection	169, 207	Mental Health Sub-Committee	10
Infirm persons and the sick, care of	125	Mental or physical defects, children with	125
Inquest cases, percentage to total deaths	26	Meteorology	19
Insect pests, eradication of...	211	Midwives—	
Inspection of meat	177, 245	analgesia	88
Inspections and visits by sanitary services	168	ante-natal care	87
Installation of furnaces, prior approval of	186	artificial feeding by	89
International certificates of vaccination	50	deliveries	88
		educational activities	86
		emergency cases	89
		equipment	87
		liaison with hospitals	88
		maternal deaths	90
		medical aid to	90
		notification of intention to practice	86
		pemphigus neonatorum	
		cases	94
		post-graduate courses	86
		premature babies	91, 92A
		puerperal pyrexia cases	90
		staff	85
		stillbirths	91
		supervision of	85
		training of	86
		transport of	87
		Milk—(Special Designations)	
		Regulations, 1949	180
		adulteration of	226
		ice-cream control	178
		pasteurized	181
		sterilized	181
		Minor ailments	99
"Knowle House," mother and baby home	107		
Land used by pleasure fairs...	214		
Langho Colony for sane epileptics	77		
Laundering of bedding of chronic sick persons nursed at home	158		
Legitimate and illegitimate births	33, 34, 35		
Liaison with hospitals	88		
Lodgings, houses-let-in	201		
Lodging houses, common ...	204		
Lunacy and Mental Treatment Act	65		
Malaria	47		
Malformations, congenital— deaths under one year from	32		
Man, diseases transmissible to	251		

INDEX—continued

	PAGE		PAGE
Monsall—		Notification—continued	
ambulance sub-depot	76	of tuberculosis, summary of	152
cleansing clinic	135	primary and deaths from	
Mortality—		tuberculosis, comparative	
from respiratory and non-		figures	146
respiratory tuberculosis..	145	primary, of respiratory	
infant	6, 30	tuberculosis, occupation	
infant, rate of in City wards	28	and social classification..	150
maternal	5	register of tuberculosis	
quinquennial rates of from		patients, cases on	151
certain causes of death..	27	Nuisances—	
Mother and baby home,		effluvium and dust	213
" Knowle House "	107	noise	214
Mothers and young children,		Nursing staff of Home Nursing	
care of—		Service	157
attendances at centres, etc..	98	Nurseries and Child Minders	
care of illegitimate children		Regulations Act, 1948	103
and their mothers	104	Nurseries, day	139
children attending child		Nursing homes registration	
welfare centres	99	(Public Health Act, 1936,	
clinics	97	Section 187-194)	138
domestic science class	97		
minor ailments	99	Occupational conditions—	
mother and baby home,		factories	205
" Knowle House "	107	factory outworkers	205
mothers' evening clubs	101	shops, employment of assist-	
Nurseries and Child Minders		ants and young persons..	206
Regulations, 1948	103	Occupational and social classi-	
physiotherapy	97	fication of tuberculosis	
recuperative centre	108	patients	150
travelling homecraft teach-		Occupational therapy	68
ing exhibition—		Offensive trades	213
baby care	100	Opthalmia neonatorum and	
fathercraft		other eye conditions	94
home safety		Outworkers, factory	205
seasonal		Overcrowding, abatement of .	200
the expectant mother			
toddlercraft		Paratyphoid fever	49
voluntary workers	100	Pasteurized and sterilized milks,	
welfare centres	97	bacteriological and biological	
welfare foods	100	examination	181
Moveable dwellings	204	Pemphigus neonatorum	94
Municipal car pool	76	Percentages—	
Municipal hostels—		of deaths in various age	
Ashton House, for women.		groups of total deaths	22
Walton House, for men	82	to total deaths	21
		to total deaths of inquest	
National Assistance Board and		cases and deaths in public	
grants in aid	141	institutions	26
National Society for the Pre-		Perinatal deaths	35
vention of Cruelty to Child-		Pet Animals Act, 1951	255
ren	124	Physical or mental defects,	
Nco-natal deaths	35	children with	125
Neonatorum—		Physiotherapy	97
opthalmia	94	Pleasure fairs, land used by..	214
pemphigus	94	Pneumonia	47
Noise nuisance	214	Poisons, sale of certain	217
Non-respiratory tuberculosis.	145	Poisoning, food	51
Non-respiratory tuberculosis,		Poliomyelitis, vaccination	6, 41
new cases notified	148	Pollution, atmospheric—	
Northern Moor clinic	6, 97	measurement by Public	
Notifications—		Analyst	238
by midwives of intention to		recording of	188, 238
practise	86	smoke	185, 238
of tuberculosis	145	sulphur dioxide	190, 191, 238

INDEX—continued

	PAGE		PAGE
Population—		Rates—continued	
density of, in wards	28	of deaths from all causes . .	4, 16
estimated	4, 16	of deaths from specified	
Post-graduate courses for		causes	21
midwives	86	of deaths in City wards . .	28
Premature babies	91, 92A	of deaths per 1,000 popula-	
Prevention of accidents in the		tion	21
home	118	of infant deaths	16, 35
Prevention of break-up of		of marriages	4, 17
families (Circular 27-54) . . .	113	Recuperative centre	108
Prevention of Cruelty to		Refresher courses for health	
children—National Associa-		visitors	137
tion for	124	Refuse disposal of	212
Prevention of smoke—		Registrar General's health	
deposited atmospheric		reports, abstract of	37
pollution—smoke	190	Rehousing on medical grounds	58
deposited atmospheric pollu-		Repairs to houses	201
tion—sulphur dioxide . .	190, 191	Residential Homes Sub-	
prior approval of the instal-		Committee	10
lation of furnaces	186	Respiratory diseases, death	
recording of atmospheric		rates from per 1,000 popula-	
pollution	238	tion	25
smokeless zones and smoke		Respiratory tuberculosis	145
control areas	187	Respiratory tuberculosis,	
Principle causes of death	24	primary notifications	145
Public Analyst, report of—		Retirement through incapacity	58
adulteration of milk	226	Rheumatism	49, 50
drinking water and other		Rheumatism acute, regulations	49
samples	237	Rodent control	207
drugs	234		
Food and Drugs Act, 1955 . .	223	Sale of certain poisons	217
measurement of atmospheric		Samples submitted by Health	
pollution	190, 238	Department to Public	
notes on samples not adul-		Analyst	235
terated but of interest		Samples submitted to Public	
on some analytical and		Analyst by other Corpora-	
administrative points . .	234	tion Departments	236
samples other than milk . . .	230	Samples submitted to Public	
samples submitted by		Analyst from other sources	236
Health Department	235	Sanitary accommodation	212
samples submitted by other		Sanitary conditions, general—	
Corporation Departments	236	disposal of refuse	212
samples submitted by other		drainage and sewerage works	211
sources	236	effluvium and dirt nuisance	213
some notes on particular		eradication of insect pests	211
cases of adulteration or		establishment for massage or	
irregularity	230	special treatment	216
Public conveniences	217	export of washed rags and	
Public institutions, percentage		second hand clothing . . .	215
deaths to total deaths	26	hairdressers and barbers . .	217
Puerperal pyrexia	90	infectious diseases	169
Pulmonary and non-pulmonary		land used by pleasure fairs . .	214
tuberculosis, incidence and		noise nuisance	214
deaths in age groups	147	offensive trades	213
		public conveniences	217
Questionnaires, medical	58, 60	rag, flock and other filling	
Quinquennial rates of mortality		materials	215
from certain causes of death	27	rodent control	207
		sale of certain poisons	217
Radiography, mass miniature .	143	sanitary accommodation . .	212
Rag, flock and other filling		stopped up drains and sewers	211
materials	215	swimming baths	216
Rates—		Sanitary Sub-committee	10
of births	4, 16	Sanitary Defects Sub-commit-	
of births in City wards . . .	28	tee	10

INDEX—continued

	PAGE		PAGE
Scabies and verminous conditions	135	Swimming baths	216
Scarlet fever	49	Swine erysipelas	251
School Health Service, co-operation with	124	Therapy, occupational	68, 79
Screening tests of hearing in babies and young children..	119	Trades, offensive	213
Second hand clothing and washed rags, export of	215	Training—	
Sewers and drains, stopped up	211	course for health visitors..	138
Sewerage work and drainage, defects and repairs	211	of home nurses	157
Shops, employment of assistants and young persons	206	of midwives	86
Sickroom equipment loans service	158	Transport and Ambulance Service—	
Smallpox	44	ambulance	74
Smallpox, vaccination	37	civil defence	75
Smoke prevention—		clinic	77
atmospheric pollution—		commercial vehicles	76
smoke	185, 238	disinfection	76
atmospheric pollution—		immunization unit	77
sulphur dioxide	190, 191, 238	municipal car pool	76
deposited atmospheric pollution	190	operating mileage	77
prior approval of the installation of furnaces	186	Sub-committee	10
recording of atmospheric pollution	188	Transport—	
smokeless zones and smoke control areas	187	of district nurses	158
Social classification and occupations of tuberculosis patients	150	of midwives	87
Special treatment and massage, establishments for	216	Travelling homecraft exhibition—	
Staff welfare	59	baby care	100
Statistics—		expectant mother	
births	4, 16	fathercraft	
deaths	4, 16	home safety	
general	16	library of posters	
infant mortality	5, 16	mothers' evening clubs	100
marriages	4, 17	seasonal	
maternal mortality	5, 17	toddlercraft	
population	4, 16	Tuberculosis Service—	
vital	20	B.C.G. vaccination	143
Sterilization, dry, of needles and syringes	6, 43	cases on notification register	151
Sterilized and pasteurized milks, bacteriological and biological examination of	181	children	142
Still-births	16, 35	colonization	142
Stopped up drains and sewers	211	employment	142
Sub-committees of the Health Committee—		home helps	142
ambulance and transport ..	10	housing	142
health centres	10	incidence and mortality	147
inspection of meat	11	mass miniature radiography ..	143
maternity and child welfare	10	mortality	145
mental health	10	National Assistance Board and grants in aid	141
residential homes	10	non-respiratory—new cases notified, age group and site	148
sanitary	10	non-respiratory tuberculosis notification	145
sanitary defects	10	primary notification and deaths, classification in wards	149
staff	11	primary notification respiratory tuberculosis, occupational and social classification	150
Supervision of midwives	85	primary notification and deaths from tuberculosis	146
		pulmonary and non-pulmonary incidence and deaths in age groups	147
		respiratory tuberculosis	145

INDEX—continued

	PAGE		PAGE
Tuberculosis Service—contd.		Washed rags and second hand	
return showing work of the		clothing, export of	215
Manchester Chest Clinic	143	Water and drinking water	
sources of notification	149	samples examined by Public	
summary of notifications of		Analysis	168
tuberculosis	152	Water—	
summary of work of the		supply	169
section	145	Welfare centres	97
tuberculosis health visiting	141	Welfare foods	99
Typhoid fever	49	Welfare of women and children	
Unfit houses	7, 197	on canal boats	125
Unsatisfactory and adulterated		Welfare Service, Family	163
samples of food and drugs		Whooping cough	5, 47
and action taken	230	Whooping cough, immuniza-	
		tion	5, 41
		Workers, voluntary	100
Vaccination—			
B.C.G.	143	Young mothers and children,	
international certificates of	50	care of	97
poliomyelitis	6, 41	attendances at centres, etc.	98
primary	6, 38A, 39	care of illegitimate children	
re-vaccination	39	and their mothers	104
smallpox	37	children attending child	
Venereal diseases	164	welfare centres	99
Vermineous conditions and		clinics	97
scabies	135	domestic science	97
Veterinary services—		library of posters	100
Diseases of Animals Act,		minor ailments	99
1950	251	mother and baby home,	
diseases transmissible to man	251	“ Knowle House ”	107
meat and food inspection	11	mothers’ evening clubs	101
new abattoir — progress		Nurseries and Child Minders	
report	250	Regulations, 1948	103
Pet Animals Act, 1951	255	physiotherapy	97
Visiting, health	112	recuperative centre	108
Visits by officers of Sanitary		travelling homecraft teaching	
Section	168	exhibition—	
Vital statistics	20	baby care	100
Voluntary workers	100	expectant mother	
		fathercraft	
		home safety	
		seasonal	
		toddlercraft	
Walton House municipal		voluntary workers	100
hostel for men	82	welfare centres	97
Wards—		welfare foods	100
area	28	Young persons and assistants,	
birth rate	28	employment of in shops	206
births and deaths	28		
cases of notifiable diseases		Zones, smokeless and smoke	
other than tuberculosis		control areas	187
classified in wards of City	44A		
death rate	28		
density	28		
infant mortality rate	28		
population	28		

